

COMMERCIAL BUSINESS LICENCE APPLICATION

Please note application must be completed in full to be processed.

SECTION 1 – BUSINESS INFORMATION

Application Date: _____		Licence No.: _____
		OFFICE USE ONLY
Account No.: _____		
This application is for a: <input type="checkbox"/> New Business <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Trade Name		
Business start date: _____		
Business type: <input type="checkbox"/> Retail <input type="checkbox"/> Out-of-Town Contractor <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Child Care <input type="checkbox"/> Personal Service <input type="checkbox"/> Offices <input type="checkbox"/> Professional		
Form of ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Society		
Business Incorporated or Registered? <input type="checkbox"/> Yes <i>If yes, a copy of the Certificate of Incorporation or Statement of Registration for the Business is required.</i> <input type="checkbox"/> No		
Number of employees working at the business location: _____		
Zoning of business property: <input type="checkbox"/> CC Community Commercial <input type="checkbox"/> NC Neighborhood Commercial <input type="checkbox"/> DC District Commercial <input type="checkbox"/> SSC Service Station Commercial <input type="checkbox"/> Other (specify): _____		
Are you a joint tenant with another business at the same premises? <input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No		
Number of employees working at the business location: _____		
Business Contact Information		
<i>Note: Business contact information is not considered personal information and will be released on request.</i>		
Business Name: _____		
Business Address: _____		
Business Phone: _____		
Business Email: _____		
Owner Name: _____		
Mailing Address (if different than above): _____		
Owner Phone: _____		
Emergency Contact: To be used in an emergency situation only		
Emergency Contact Name: _____		Emergency Contact Phone: _____
Emergency Contact Name: _____		Emergency Contact Phone: _____

Business Description

Nature/description of business – Details of your business activities must include type and nature of the activity, including products manufactured, stored, sold and services rendered

Please refer to [Zoning Bylaw, 2008, No. 3630](#) for applicable commercial business regulations.

SECTION 2 – COMMERCIAL SPACE

Total Floor Area:	# of Vending Machine(s) or ATM(s):
Number of Seats:	
Number of Parking Stalls:	
Liquor Licensed Establishment? <i>Attach a copy of the Liquor Licence</i>	
<input type="checkbox"/> Food Primary	<input type="checkbox"/> Liquor Primary
Child Care Facility?	Number of Children:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you proposing any interior or exterior alterations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for a building and/or development permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>** The City recommends confirming existing alterations were completed with required permits and inspections. Please contact the Building Division at 604.927.5444 for more information. **</p>	

SECTION 3 – APPLICANT STATEMENT

I/We the undersigned confirm as the business owner(s)/agent for the owner(s) that the above noted information is correct and agree to comply with all relevant provisions of the Business Bylaw No. 3725, Zoning Bylaw No. 3630 and other applicable City of Port Coquitlam Bylaws. It is also understood that the business owner(s) is/are responsible for the overall management of the business including staff while representing the owner(s)' business. Further, failure to meet these obligations may result in the business licence being suspended or reported to City Council for possible revocation.

Business Owner/Director #1 (person, corporation or society):

Print Name:

Signature:

Date:

Business Owner/Director #2 (person, corporation or society):

Print Name:

Signature:

Date:

IMPORTANT: This application will not be processed without the application fee. Please contact the Business Licensing Division for applicable fees.

All information gathered for business licensing purposes is managed in accordance with section 26(c) *the Freedom of Information and Protection of Privacy Act*. Business Licences are public records and are available for inspection on request at the City Hall Annex. The City also makes business licence information available in various publications on the City website and/or in hard copy format. If you do not wish your business information to be made available in any additional publications or have any questions about the collection of your personal information contact the Business Licensing office at 604-927-5238 or businesslicensing@portcoquitlam.ca.