

INDUSTRIAL 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"/> Manufacturing		<input type="checkbox"/> Storage	
<input type="checkbox"/> Warehouse		<input type="checkbox"/> Wholesale	
		<input type="checkbox"/> Other (specify) _____	
		<input type="checkbox"/> Distribution	
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			
Zoning of business property:		<input type="checkbox"/> M1 General Industrial	
		<input type="checkbox"/> M3 Light Industrial	
		<input type="checkbox"/> M2 Heavy Industrial	
		<input type="checkbox"/> Other: _____	
Number of employees working at the business location: _____			
Are you a joint tenant with another business at the same premises?		<input type="checkbox"/> Yes (specify) _____	
		<input type="checkbox"/> No	
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			
<i>To be used in an emergency situation only</i>			
Emergency Contact Name: _____		Emergency Contact Phone: _____	
Emergency Contact Name: _____		Emergency Contact Phone: _____	

CITY OF PORT COQUITLAM

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 industrial business regulations.

SECTION 2 – INDUSTRIAL SPACE

Total Floor Area of premise:

Specify Total floor area of accessory uses:

	<input type="checkbox"/> Office:	
	<input type="checkbox"/> Display:	
	<input type="checkbox"/> Retail:	

Parking stalls allotted to business:

Commercial Indoor Recreation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Number of students:

Are you proposing any interior or exterior alterations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you applied for a building and/or development permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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****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. ****

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

Print Name:	Signature:	Date:
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SECTION 4 – FLOOR PLAN

NOTE: Floor plans to scale, showing floor areas for accessory uses, entrances, exits and parking areas must be submitted at the time of application (a separate plan may be attached). If you are a joint tenant of a premise, please illustrate how the space is divided among the businesses.

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

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.