

BUSINESS LICENCE APPLICATION FORM ELECTRICAL: TEMPORARY FILMING THIS APPLICATION FORM IS FOR OUT-OF-TOWN COMPANIES ONLY

PRODUCTION COMPANY NAME:		
(If Incorporated or Limited, a cop	by of the certificate is required)	Certificate Number
PRODUCTION OR PROJECT NAME	:	
BUSINESS ADDRESS:		
X ((Including Postal Code)	
MAILING ADDRESS:	(Only if different from the above addre	rss)
PHONE #:	EMAIL:	
FILMING LOCATIONS:		
Filming Start Date:	Filming End Dat	te:
Are you leasing space at the Van	couver Film Studio? YES NO	
APPLICANT STATEMENT		
is correct and agrees to comply w City By-laws. It is also understoo	the business owner(s)/agent for the owner ith ALL relevant provisions of the Licensed that the business owner(s) is/are resporteresenting the owner's business.	
Signature	Print Name	Date
Owner Representative		
Photo ID Type:		
LICENCE DEPARTMENT USE ONL'	Y	
Film Office Approval:		
		Licence General Account 120028
Letter of Authorization sent t	o DOMINO Licence Number:	