

CHANGE OF INFORMATION - Gas Station or Auto Parking with EV Charging

DATE: _____

PART 1: EXISTING LICENCE INFORMATION - Complete ALL fields

Business Licence No.:	Business Name on Existing Licence: (Sole Proprietor, Partnership, or BC Incorporated Company Name)
Business Address on Existing Licence:	

PART 2: AUTO PARKING WITH EV CHARGING LOCATION INFORMATION - Provide NEW information ONLY

NEW Business Name: (Sole Proprietor, Partnership, or BC Incorporated Company Name)	BC Corporation / Society or Extra Provincial Company / Society Registration No.:	
NEW Trade Name/Doing Business As:		
NEW Business Type:		
NEW Business Address:	Business Location Type: Vancouver Commercial/Industrial	
NEW Mailing Address:		
Business Email Address (required):	Business Phone # (required):	Preference for annual business licence renewal: By Mail By E-mail

Part 3: NEW BUSINESS LOCATION INFORMATION - Complete ALL fields.

Provide information for your Vancouver business location:

_____ Total # of regular & part-time employees (including business owner) at business location
 _____ Total # of company &/or employee vehicles at business location
 _____ Total square footage of business location

Provide information for your Vancouver commercial/industrial premise location:

_____ Occupancy date of commercial/industrial business location
 YES NO Are you sharing space with another company at the commercial/industrial business location?
 YES NO Will you be/have you performed any structural alterations to the commercial/industrial business location?

Building/Development permit # _____
 Occupancy permit # _____
 Total # of bank/ATM machines _____
 Total # of coin operated vending machines _____

Part 4: RECYCLING INFORMATION

Do you have a program in place to separate and recycle the following items: (*check only if your business does not generate this type of material)	YES	NO	DON'T CREATE*	UNKNOWN
Compostable organics - food scraps, yard trimmings, clean wood waste?				
Recycling - paper, cardboard, glass/plastic/metal containers?				

PART 5: EV CHARGING INFORMATION (required)

Gas Station	Auto Parking
Alternative off-site address (if applicable): _____	# of stalls: _____
# of Level 2 Chargers: _____	# of Level 2 Chargers: _____
# of Level 3 Chargers: _____	# of Level 3 Chargers: _____
Total kW of charging installed: _____	Total kW of charging installed: _____
Electrical Permit #: _____	Electrical Permit #: _____

PART 6: APPLICANT STATEMENT

As the business licence holder for this site installation, I/We

Certify the final electrical inspection was passed;

Certify the minimum charging specification satisfy the requirements of commercial parking lots and/or gas stations;

Declare the chargers installed have been connected to a central system via internet communication such as open protocol (e.g., OCCP) or a proprietary system;

The following items are enclosed as part of the Verification Package:

Picture of installed charging station(s) - One image per station if multiple stations are part of your application;

Proof of charger internet connectivity is submitted - A screenshot of the back-end network operating system that shows that the charging stations are connected to the network;

Business licence Change of Information form

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 Licence By-law No. 4450 and other applicable City By-laws. 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. The information provided may be shared in accordance with the Freedom of Information Act.

Print Name _____ Signature _____
First Last Owner/Director Representative/Agent

COV SUSTAINABILITY REVIEW

Staff Review: _____ Date: _____

LICENCE DEPARTMENT USE ONLY

APPROVALS REQUIRED:	ZONING	BUILDING	POLICE	HEALTH
CLASSIFICATION(S): 1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____