

## BUSINESS LICENCE GENERAL APPLICATION

DATE:

**PART 1: COMPANY INFORMATION - Complete ALL fields.**

LEGAL ENTITY TYPE:  Sole Proprietor  Partnership  BC Corporation/Society  Extra Provincial Company/Society  Other

LIST EACH Sole Proprietor / Partner's names below. For BC Corporation/Society or Extra Provincial Company/Society, list ONE (1) Director/Owner name.

1	Business Phone #:	Home Phone #:	Cellular #:
2	Business Phone #:	Home Phone #:	Cellular #:
3	Business Phone #:	Home Phone #:	Cellular #:

BC Corporation/Society or BC Extra Provincial Company/Society Name: <i>(If applicable)</i>	BC Corporation/Society or BC Extra Provincial Company/Society Registration No:
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Trade Name/Doing Business As: <i>(If applicable)</i>	Business Licence Start Date: <input type="checkbox"/> Immediately <input type="checkbox"/> Other:
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Describe in detail the nature of your business and the intended use of the premise. (Both primary and secondary uses). Attach additional sheet(s) if more space is needed.

**PART 2: CONDITIONS OF A HOME BASED BUSINESS - Applicable to Vancouver Home Based Business Locations ONLY.**

N/A - Out of Town or Vancouver Commercial/Industrial Premise - Proceed to PART 3 of this form.

**\*\*Home-based business** means a craft or occupation conducted as an accessory use subordinate to the principal residential use of a dwelling unit (residence), and must only be conducted within the principal building on the site.

1. A home-based business allows a portion of the residence to be used for a craft and/or occupation for administration purposes only (mailing and telephone).
2. No clients are permitted to attend the premise at any time.
3. No partnerships and/or employees are permitted to engage in the running of the business from this residence.
4. No person other than one resident member of the family occupying the residence shall be engaged in the home-based business on the premises.
5. No more than three (3) home-based business licenses shall be issued for one residence.
6. Where located in a residential building, there shall be nothing to indicate from the exterior of the dwelling unit or building that it is being used for any purpose other than its principal and approved residential use (no signage permitted).
7. No products or materials shall be sold from or within the residence.
8. No products, materials, or equipment shall be stored outside of the residence, or any accessory building on the property.
9. No offensive noise, odour, vibration, smoke, heat or other objectionable effect shall be produced.

I do not require a space in a commercial building to carry on this business and wish to use my place of residence as my business address. If I am not the owner of the dwelling unit, I have discussed and received permission to operate the home-based business from the property owner/manager.

The information provided may be shared in accordance with the Freedom of Information Act.

I understand and agree to the above noted terms, regulations and conditions.

**\*\*BUSINESS OWNER/RESIDENT INITIALS:**

**PART 3: BUSINESS LOCATION INFORMATION - Complete ALL fields.**

Business Location Address: <i>(Vancouver PO Box not permitted)</i>	Business Location Type: <input type="checkbox"/> Vancouver Commercial/Industrial Premise <input type="checkbox"/> Vancouver Home Based /Residential Premise <input type="checkbox"/> Owner of the property <input type="checkbox"/> Tenant of the property <input type="checkbox"/> Out of Town
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Business Mailing Address: <i>(ONLY IF different than business address)</i>	Business Email Address:  I prefer my annual business licence renewal be sent: <input type="checkbox"/> By Mail OR <input type="checkbox"/> By E-mail
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**Provide information for your Vancouver business location: (If applicable)**

\_\_\_\_\_ 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: (If applicable)**

\_\_\_\_\_ 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 No.(s)                      Occupancy permit no. \_\_\_\_\_  
 \_\_\_\_\_ Total # of coin operated vending machines                      Total # of bank/ATM machines \_\_\_\_\_

Restaurants: Total # interior seats: \_\_\_\_\_ Total # of exterior seats: \_\_\_\_\_ Liquor Service:  YES  NO Licence No# \_\_\_\_\_

**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)

-Compostable organics - food scraps, yard trimmings, clean wood waste  YES  NO  DON'T CREATE\*  UNKNOWN  
 -Recycling - paper, cardboard, glass/plastic/metal containers  YES  NO  DON'T CREATE\*  UNKNOWN

**PART 4: 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 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.

**Business Owner/ Director Signature #1:**

Print Name:	Signature:	Date:
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**Business Owner/ Director Signature #2:**

Print Name:	Signature:	Date:
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**Business Owner/ Director Signature #3:**

Print Name:	Signature:	Date:
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**Representative Signature: Letter of Authorization from 1 Owner/Director will be required in the absence of Owner/Director signature above.**

Print Name:	Signature:	Contact Phone #:	Date:
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**PART 5: APPLICATION REQUIREMENTS - To avoid delays in processing, submit the following items with your application:**

<input type="checkbox"/> \$58.00 non-refundable application fee. <span style="float:right"><i>(Mandatory)</i></span> Please include a cheque payable to The City of Vancouver with your application.	An additional pro-rated licence fee is required upon licence approval as per Schedule "A" of Licence By Law No 4450.
<input type="checkbox"/> 1 piece of valid government issued photo identification <span style="float:right"><i>(Mandatory)</i></span> for Business Owner(s).	Sole Proprietor/General Partnership: <b>Required for EACH OWNER.</b>  BC Corporation/Society & Extra Provincial Company/Society: <b>Required for 1 OWNER/DIRECTOR ONLY.</b>
<input type="checkbox"/> Letter of Authorization for Representative and Representative's government issued photo identification. <span style="float:right"><i>(If applicable)</i></span>	A document signed by the Owner/Director of the company which authorizes a representative to apply on their behalf in the absence of the Owner's/Director's signature above.
<input type="checkbox"/> Copy of BC Corporation/Society Company Summary. <span style="float:right"><i>(Mandatory if applicable)</i></span>  <input type="checkbox"/> Copy of BC Registration Statement for Extra Provincial Company/Society & foreign jurisdiction's company registration documents listing all Owners/Directors of the company.	Required for all BC Corporations/Societies & Extra Provincially registered Companies/Societies.  *NOTE: Any foreign entity, including federal and foreign corporations <b>must register</b> as an extra provincial company with BC Registry Services.
<input type="checkbox"/> Business Licence Transfer Authorization Form. <span style="float:right"><i>(If applicable)</i></span>	Required <b>in addition to</b> the General Business Licence Application form to transfer a <b>valid</b> business licence. Licence transfers are permitted once (1) per calendar year.
<input type="checkbox"/> Police Information Check (PIC). <span style="float:right"><i>(If applicable)</i></span>	Police Information Check (PIC) may be required pending licence review. ie: Vulnerable Sectors. Original PIC required from <u>Vancouver Police Department</u> . Note: RCMP PIC NOT ACCEPTED.

**LICENCE DEPARTMENT USE ONLY**

APPROVALS REQUIRED:  ZONING  BUILDING  POLICE  HEALTH  CLI  OTHER \_\_\_\_\_  
 CLASSIFICATION(S): 1. \_\_\_\_\_ Licence Number: \_\_\_\_\_  
 2. \_\_\_\_\_ Licence Number: \_\_\_\_\_