



# CITY OF KAMLOOPS - APPLICATION FOR BUSINESS LICENCE

**Please Print**

DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

OWNER/REGISTERED CO. NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS (REQUIRED) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ OR  SAME AS ABOVE

POSTAL CODE \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

PHONE [BUS] \_\_\_\_\_ [HOME] \_\_\_\_\_ [FAX] \_\_\_\_\_

TYPE OF BUSINESS TO BE CONDUCTED \_\_\_\_\_

- Proprietorship
- Partnership
- Registered Company
- Registered Society

IS ANY CONSTRUCTION AND/OR RENOVATION TAKING PLACE OR PLANNED? YES  NO  WILL YOU HAVE A SIGN? YES  NO

TYPE OF CONSTRUCTION OR RENOVATION \_\_\_\_\_

PREVIOUS USE OF SPACE \_\_\_\_\_ OPENING DATE \_\_\_\_\_

**Please complete the following where applicable:**

1. TOTAL FLOOR AREA \_\_\_\_\_ 2. TOTAL VEHICLES \_\_\_\_\_ 3. RENTAL UNITS \_\_\_\_\_

4. HOME OCCUPATION  YES  NO (PRINCIPAL RESIDENCE?  YES  NO) 5. TOTAL PERSONS EMPLOYED \_\_\_\_\_

6. OTHER/TQ \_\_\_\_\_ 7. BUSINESS EMAIL \_\_\_\_\_

*I, WE \_\_\_\_\_ hereby make application for a licence in accordance with the particulars as above stated and declare the above statement is true and correct and I undertake that if I am granted the licence applied for I will comply with each and every obligation contained in all laws and bylaws now in force or which may hereafter come into force in the City of Kamloops.*

*I further understand that if this application involves the use of premises for business purposes that they may not be occupied until they have been inspected by the City Departments concerned and a licence issued. I also understand that the payment of the Business Licence fee in advance does not guarantee approval and business may not commence without a Business Licence being issued. IF A HOME-BASED BUSINESS: I have received and will comply with the Home-Based Business Zoning Regulations.*

**NOTICE OF COLLECTION OF PERSONAL INFORMATION**  
Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement. The personal information is collected under the authority of the *Local Government Act* and the City's Business Licence Bylaw.

\_\_\_\_\_  
[SIGNATURE]

OFFICE USE ONLY		TYPE OF APPLICATION			
NEW <input type="checkbox"/>	CHANGE OF OWNER <input type="checkbox"/>	CHANGE OF LOCATION <input type="checkbox"/>	CHANGE OF NAME <input type="checkbox"/>	OTHER <input type="checkbox"/>	
CLASSIFICATION _____		MEMO _____		FEE \$ _____	
REFERRALS	OUT	INSPECTION DATE	RETURNED	STATUS	INITIAL
PLANNING (ZONING)					
BUILDING					
FIRE					
HEALTH					
RCMP <input type="checkbox"/> ENGINEERING <input type="checkbox"/>					
COMMENTS _____				LICENCE ISSUED <input type="checkbox"/>	
APPROVED THIS _____ DAY OF _____, 20____			BUSINESS LICENCE NO. _____		
			ACCOUNT NO. _____		
BUSINESS LICENCE INSPECTOR, CITY OF KAMLOOPS					
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>MAILING ADDRESS</b>            105 SEYMOUR STREET, KAMLOOPS, BC V2C 2C6            PHONE 250-828-3481 FAX 250-828-3848  <b>OR EMAIL:</b> blicensed@kamloops.ca         </div>					

[www.kamloops.ca](http://www.kamloops.ca)