



**CITY OF KAMLOOPS
APPLICATION FOR BUSINESS LICENCE**

Please Print

DAY _____ MONTH _____ YEAR _____

Proprietorship

OWNER NAME _____

Partnership

BUSINESS NAME _____

Registered Company

Registered Society

BUSINESS ADDRESS _____

MAILING ADDRESS _____

POSTAL CODE _____ CONTACT NAME _____

PHONE [BUS] _____ [HOME] _____ [FAX] _____

TYPE OF BUSINESS TO BE CONDUCTED _____

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 by-laws 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 By-law.

[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 _____			
_____ BUSINESS LICENCE INSPECTOR, CITY OF KAMLOOPS		<div style="border: 1px solid black; padding: 5px;"> <p>MAILING ADDRESS 105 SEYMOUR STREET, KAMLOOPS, BC V2C 2C6 PHONE 250-828-3481 FAX 250-828-3848 OR EMAIL: blicensed@kamloops.ca</p> </div>			

www.kamloops.ca