

CITY OF SALMON ARM
BUSINESS LICENCE APPLICATION
Pursuant to and subject to the provisions of the "Business Licence Bylaw"

NEW BUSINESS _____ **NEW OWNER** _____ **CHANGE OF LOCATION** _____ **MODIFY** _____

NAME OF BUSINESS _____
(indicate whether Inc., Ltd. or Proprietorship)

LICENCEE (OWNER) NAME _____

BUSINESS LOCATION (actual) _____ (cosmetic) _____

BUSINESS MAILING ADDRESS _____

BUSINESS PHONE _____ FAX _____ EMAIL _____

TYPE OF BUSINESS _____

NOTE: BUSINESS CONTACT INFORMATION ABOVE IS NOT CONSIDERED PERSONAL INFORMATION AND WILL BE RELEASED ON REQUEST, UNLESS OTHERWISE INSTRUCTED BY THE LICENCEE.

EMERGENCY NUMBER _____

OWNER OF PROPERTY _____

SQUARE FOOTAGE _____ # OF SEATS OR UNITS _____ # OF FULL TIME EMPLOYEES _____

TRADE TICKET NO _____ # OF BUSINESS VEHICLES _____ [3 part-time = 1 full-time employee]

RESIDENT _____ NON-RESIDENT _____ HOME OCCUPATION _____

I / WE _____ HEREBY MAKE APPLICATION FOR A BUSINESS LICENCE IN ACCORDANCE WITH THE PARTICULARS STATED ABOVE AND DECLARE THE ABOVE IS TRUE AND CORRECT. I/WE UNDERTAKE THAT IF GRANTED THE BUSINESS LICENCE APPLIED FOR, I/WE WILL COMPLY WITH EACH AND EVERY OBLIGATION CONTAINED IN ALL LAWS AND BYLAWS IN FORCE OR WHICH MAY HEREINAFTER COME INTO FORCE IN THE CITY OF SALMON ARM. I DECLARE THAT I AM THE AGENT AND AM AUTHORIZED TO MAKE THIS APPLICATION.

APPLICANT(S) SIGNATURE _____ **DATE** _____

THIS APPLICATION MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE CITY OF SALMON ARM OFFICE.
***NO BUSINESS SHALL BE STARTED UNTIL A LICENCE IS ISSUED.**

If application is for a HOME OCCUPATION or OUTSIDE VENDOR, consent to the intended use by the Property/Business Owner, Mobile Home Park Manager or Apartment Manager/Strata Corporation is required: *Bylaw Regulations provided:* _____

SIGNATURE

PRINT NAME

| | | |
|---|-------------------------------|--|
| LICENCE NO. _____ | <u>OFFICE USE ONLY</u> | CC: Property File _____ |
| | | Fire Dept. _____ |
| | | Finance _____ |
| | | BL List _____ |
| | | IHA _____ |
| NEW LICENCE / RENEWAL FEE: | \$ _____ | |
| NON-REFUNDABLE CANNABIS PROCESSING FEE RECEIVED: | \$ _____ | EHDirect@interiorhealth.ca |
| MOBILE LICENCE | \$150.00 _____ | |
| SIDEWALK VENDOR AS PER SCHEDULE "A" BYLAW NO. 2928 | | |
| DOWNTOWN IMPROVEMENT ASSOCIATION LEVY | \$ 75.00 _____ | |
| CHANGE OF LOCATION – INSPECTION REQUIRED | \$51.00 + GST _____ | |
| INSPECTION OF PREMISES FOR NEW BUSINESS | \$51.00 + GST _____ | |
| CHANGE OF OWNERSHIP | \$ 25.00 _____ | |
| | TOTAL \$ _____ | |
| Batch# _____ | | |

OFFICE USE ONLY

NAME OF BUSINESS _____

BUSINESS LOCATION _____

SALMON ARM ROLL NO. _____ ALR: YES _____ NO _____

LEGAL DESCRIPTION: LOT _____ BLOCK _____ PLAN _____ SECTION _____ TOWNSHIP _____ RANGE _____

ZONING _____ PERMITTED USE IN ZONE _____

OCCUPANCY CLASSIFICATION _____ LEGAL NON CONFORMING USE: YES: _____ NO _____

FEE CODE CLASSIFICATION _____

BUSINESS LICENCE NO. _____ FEE CODE: _____

2ND FEE CODE: _____

BUSINESS LICENCE CLERK'S COMMENTS:

INSPECTIONS

| | | |
|--------------------------------|----------------------------------|-------------------------|
| <u>FIRE DEPARTMENT:</u> | <u>AUTHORIZATION DATE</u> | <u>SIGNATURE</u> |
| _____ | | |

| | | |
|------------------------------------|----------------------------------|-------------------------|
| <u>BUILDING DEPARTMENT:</u> | <u>AUTHORIZATION DATE</u> | <u>SIGNATURE</u> |
| _____ | | |

FLOOR PLANS SUPPLIED: YES _____ NO _____ FINAL OCCUPANCY: YES _____ NO _____

| | | |
|---------------------------------|----------------------------------|-------------------------|
| <u>HEALTH INSPECTOR:</u> | <u>AUTHORIZATION DATE</u> | <u>SIGNATURE</u> |
| _____ | | |

| | | |
|---|----------------------------------|-------------------------|
| <u>BUSINESS LICENCE INSPECTOR:</u> | <u>AUTHORIZATION DATE</u> | <u>SIGNATURE</u> |
| _____ | | |

****LICENCE REMARKS****

