

## City of Port Alberni Business Licence Application

Businesses operating in the City of Port Alberni are required to have a valid business licence. The information requested in this application is necessary to fully evaluate your request for a business licence. Completion of this form does not guarantee approval of a business licence, nor should business be commenced prior to a licence being issued.

Date \_\_\_\_\_  New Licence  Reinstatement  Address Change  Change of Owner  Business Name Change  
 Home Occupation (work conducted within the home)  Home Based (community work based from home)

Trade Name of Business		Type of Business	
Business Address (including postal code)		Name of Licencee (Person or Corporation)	
Contact No's: Business _____ Fax _____ Home _____ E-mail/ Website _____		Licencee Home Address (if different from business)	
Trade Qualification No. (if applicable)	Floor Area - m <sup>2</sup>	Vendor/ Mobile (please circle one)	Number of Employees
Emergency Contacts - for Fire and Police (two if possible)			
Name:		Number:	
Name:		Number:	

I, \_\_\_\_\_ hereby make application for a licence in accordance with the particulars as stated in this application, and declare the information in this statement to be 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 Port Alberni. 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 Department concerned and a licence is issued. I also understand that the payment of the Business Licence fee in advance does not guarantee approval, nor may I commence business until such time as a Business Licence is approved and issued.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only					
Zoning (if applicable)		Business Class:			
<b>Required Checks</b>	Approved	Declined	Date	Initial	ANNUAL FEE: _____ FEE PAID: _____ DATE PAID: _____ CASH _____ CHEQUE _____ DEBIT _____
Planning					
Building					
Fire					
Health					
RCMP					
Other					

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Business Licence Inspector \_\_\_\_\_ Business Licence No. \_\_\_\_\_

*The personal information on this form is collected for the purpose of an operating program of the City of Port Alberni as authorized by Section 26(c) of the Freedom of Information and Privacy Act. If you have any questions about the collection and use of this information, please contact the City Clerk at (250) 720-2810.*

*Information collected on this form and details of the permit or licence applied for or reasons for denial for the permit or licence is routinely available to the public pursuant to Section 33 of the Freedom of Information and Protection of Privacy Act.*