

BUSINESS LICENCE APPLICATION GUIDELINES

A Business Licence is required if you plan to carry out business within the City of Port Alberni, as written in: Business Licence Regulation Bylaw 4951 – Section 3 – Licence Requirements No person shall carry on a business within the City of Port Alberni unless a valid and subsisting licence has 3.1 been issued for the Business. A person who carries on business from more than one location shall obtain a licence under this Bylaw for 3.2 each business location. **BUSINESS LICENCE TYPES** • Business licences are valid for one calendar year, from January 1 to December 31. • If your business operates in more than one jurisdiction, and the business you conduct performs a service in more than one community by moving from client to client rather than having a client come to a fixed location of business you may require an inter-community licence as well. Inter-Community Business Licence: • The inter-community licence allows you to conduct business in 12 participating municipalities on Vancouver Island without requiring individual business licences. You MUST have a current City of Port Alberni business licence to be eligible. Participating communities: City of Campbell River Town of Comox • Village of Cumberland City of Qualicum Beach City of Parksville City of Courtenay • City of Port Alberni City of Nanaimo · Town of Ladysmith Municipality of North Cowichan • Town of Lake Cowichan City of Duncan APPLICATION INFORMATION AND REQUIREMENTS Submit your completed application to the City of Port Alberni Development Services Department. • Your business will be subject to inspection and approvals by the City of Port Alberni Planning Department, Fire Department and Building Department. The Building and Fire Inspectors will contact you for your first inspection. A Health Inspection Approval Certificate may be required for any food service facility, community care facility, drinking water facility, recreational water facility, and personal service establishments. Personal service establishments are facilities in which a person provides a service to, or on the body of another person. Please contact Island Health in addition to applying for a business licence. Other approvals and/or insurances may be required. Business licence fee payment is required before a business licence can be issued. • Licence fees apply to a calendar year January 1 to December 31. Business licence fees are non-refundable. The annual fee is determined by the business category and is set out in Schedule "A" of the Business Licence Regulation Bylaw. **GENERAL REQULATIONS** Business Licence Bylaw No. 4951 sets specific regulations for businesses permitted to operate in the City of Port Alberni. • The Zoning Bylaw regulates the permitted uses on properties within the City of Port Alberni. Alterations/improvements/renovations/demolition (for building and plumbing) are regulated by the City of Port Alberni Building Standards Bylaw and the British Columbia Building Code Regulations. The Sign Bylaw regulates the number, size, type, form, appearance, and location of signs permitted. • 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 Protection of Privacy Act. Information collected on this form and details of the permit of licence applied for or reasons for denial for the permit of licence is routinely available to the public pursuant to Section 33 of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Director of Corporate Services at (250) 720-2823. **BUSINESS LICENCE RENEWAL AND CHANGES** • Business licence renewal fees are due by January 1st of each calendar year. If the fee is unpaid by January 31st, a late fee will be charged. A business licence will not be issued until both the licence fee and late fee are paid in full. If business licence and late fee remain unpaid the business licence will be revoked and the business will be subject to a \$200/day fine. Any changes to ownership, location, mailing address, and/or business name requires business licence application to be resubmitted with new changes.

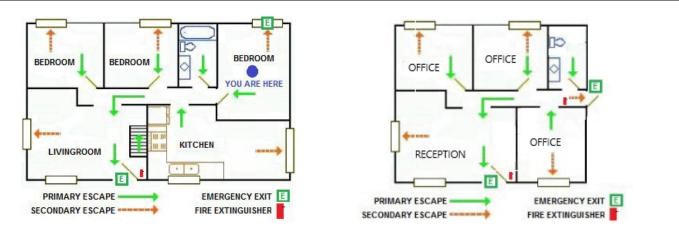


BUSINESS LICENCE APPLICATION GUIDELINES page 2

ALL BUSINESSES LOCATED IN A COMMERCIAL, INDUSTRIAL, OR INSTITUTIONAL ZONING LOCATION OR A BUSINESS THAT HAS A HOME OCCUPATION WITH CLIENTS COMING TO THE HOME, THE FOLLOWING IS REQUIRED:

- You are "here" floor plan similar to the ones located on the back of a hotel door. Please see example below.
- Every business is required to have at least one 5lb Fire extinguisher serviced annually.
- Civic address and unit number must be permanently attached to the building and visible from the street.
- Inter-connected hard-wired smoke alarms.
- Provide safe exterior access by having all fire exit doors having a clear path and be open-able from inside of the building.
- Before a business is approved, there will be an inspection completed by a building and fire inspector.

EXAMPLE FLOOR PLANS:



EXAMPLE FLOOR PLAN MUST INCLUDE THE FOLLOWING:

- Washroom locations.
- Location of Emergency Devices
 - Extinguishers;
 - Emergency Lighting;
 - Pull stations (if installed).
- Indicate if building has sprinkler system installed.
- · Clearly mark all exits and spaces.

OTHER INFORMATION:

- Please refer to the Bed & Breakfast handout for more information on B&B's as additional requirements need to be met.
- Prior to the approval of a business licence, all construction files and permits pertaining to this business must be completed and finalized.
- For all mobile food vendors please refer to the Mobile Vending Policy as additional requirements need to be met (including but not limited to Island Health approval and \$5,000,000 liability insurance with the City of Port Alberni named as an additional insurer).
- All Cannabis related licensing require additional requirements along with the City of Port Alberni business licence. Please contact The British Columbia Liquor and Cannabis Regulation Branch (BCLCRB) for additional provincial/federal licensing requirements.
- More information can be found at http://www.portalberni.ca



Account Number (Office use only)

BUSINESS LICENCE APPLICATION

PRIMARY APPLICANT/LICENSEE INFORMATION		JOINT APPLICANT/LICENSEE INFORMATION	
Name:		Name:	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Phone:	Cell:	Phone:	Cell:
Email:		Email:	

GENERAL INFORMATION					
New Business	Change of Addre	ss/Location	Change o	fOwner	Change of Business Name
Previous information:					
Business Name:					
Business Email:			Business Ph	ione:	
Business Address (Phy	ysical street addres	ss of site including	postal code):		
Preferred Mailing Addres	ss for Business:	Drive em comulie e		loint applicant	
		Primary applica	int	Joint applicant	Business location
Number of Employees (in	ncluding owners):		Parking Spa	ces Available:	
Total floor area of area dedicated to the business:		Previous us	e of premises:		
	or				
m2		sqft			
Are there any demolition	n, renovations, or r	new construction p	l planned wheth	er interior or e	xterior: Yes No
If yes, describe (in full):					
Installing Signage:	Yes	No	lf yes -	New	Alterations
If yes, a Sign Permit is required. Please complete the attached sign permit.					
Emergency Contact Nan	ne:	E	mergency Co	ntact Phone N	umber:

Continued on next page.....

TYPE OF BUSINESS				
Home Occupation – work conducted within home (client comes to your home)	Home Based – work in the field, based from home (home office only with no clients coming to home; and/or mobile business only)			
Bed & Breakfast	Mobile Food Vendor			
Retail Cannabis Store	Commercial Location/Other			

DESCRIPTION OF BUSINESS

AREA OF COVERAGE REQUIRED

Operating in the City of Port Alberni Only

(Full description of business)

Inter-Community (Additional \$150 per year)

The inter-community licence allows you to conduct business in 12 participating municipalities on Vancouver Island without requiring individual

business licences. You MUST have a current City of Port Alberni business licence to be eligible.

APPLICANT'S ACKNOWLEDGEMENT

until they have been inspected by the City Department concerned and a licence is issued.
the City of Port Alberni. I further understand that if this application involves the use of premises for business purposes, they may not be occupied
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
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
I/We, the undersigned have read this application and hereby make an application for a business licence in accordance with the particulars as

Signature of Primary Applicant:

Signature of Joint Applicant:

Date:

FOR ALL SIGN INSTALLATIONS PLEASE COMPLETE ATTACHED SIGN PERMIT

on next page



CITY OF PORT ALBERNI APPLICATION for a SIGN PERMIT

NOTE: The personal information collected on this form is collected for the purpose of an operating program or activity of the City of Port Alberni as authorized by Section 26(c) of the Freedom of Information and Protection of Privacy Act. All information collected with this form shall be disclosed to the public upon request. If you have any questions about the collection and use of this information, please contact the City Clerk at (250) 720-2810

APPLICATION MUST BE FULLY COMPLETED

Permit Type	Fee:
Sign Permit	\$40
	(plus \$6.00 per additional \$1,000 or fraction of value as determined by the Building Inspector)

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH PAYMENT OF FEES:

Cor	by of Land Title (must be recent within last 30 days)
Tw	(2) sets of detailed Sign Plans (Metric Units) showing the following:
a	. Sign copy (including colours, copy area and dimensions of the sign;
b	. The proposed height and clearance of the sign;
C	Dimensions of the wall surface of the building to which the sign will be attached;
c	. Structural and footing details and material specifications for the proposed sign.
Two	(2) copies of a detailed Site Survey/Site Plan (to <u>Metric</u> Scale) showing the following:
a	. The proposed location of the sign in relation to the property boundaries and any buildings on the property;
b	. Dimensions and locations of all existing signs and buildings on the property site survey.
Mai	ling addresses and signatures of <u>ALL</u> registered owners
A	nt Declaration (if the Applicant is not the owner)

SUBJECT PROPERTY INFORMATION:

Civic Address and Legal Description of the property where the Signage will be located (Please print)

LAND DESIGNATIONS	
Development Permit area:	Current Zoning Designation:

<u>REGISTERED OWNER INFORMATION:</u> (List along with full mailing addresses and phone nu			
Registered Owner Name (Please print)	Phone:	Email:	
Mailing Address:			
		Postal Code:	
Χ			
Signature of Registered Owner	Registered Owner (Print Nam	e)	Date (mm/dd/yy)
Additional Registered Owner Name (Please print):	Phone:	Email:	
Mailing Address:			
		Postal Code:	
Signature of Additional Registered Owner	Additional Registered Owner	(Print Name)	Date (mm/dd/yy)
APPLICANT INFORMATION: (complete only if the app	plicant is NOT the property owner)		
Applicant Name (Please print):	Phone:	Email:	

Mailing Address:				
		Postal Code	e:	
AGENT/APPLICANT and OWNER DECLARATI	ON:			
I, (print full name of applicant): solemnly declare that I am the authorized agent of the registered owner/s of the subject property as described in this application. It is understood that until the City of Port Alberni is advised in writing that I am no longer acting on behalf of the undersigned registered owner, the City shall deal exclusively with me with respect to all matters pertaining to the sign permit application. I hereby declare that the foregoing information is true and proper and I make this declaration knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.				
Signature of Applicant	Date (mm/dd/yy)			
Signature of Registered Owner (if not applicant)	Registered Owner (Print Nam	e)	Date (mm/dd/yy)	
Signature of Additional Registered Owner	Additional Registered Owner (Print Name)	Date (mm/dd/yr)	

SIGN MANUFACTURER:		
Manufacturer's/ Company Name (Please print):		Phone:
Business License Number:	Email:	
Address (Please print):		Postal Code:

SIGN DETAILS:

Type of Sign (as per this Bylaw):

Overall Height (m):	Sign Area (m²):	Background Area (m²):
Dimensions (m²):	Clearance from Grade (m):	Estimated Value:

Type of Sign (if more than 1 sign)		
Overall Height (m):	Sign Area (m²):	Background Area (m²) :
Dimensions (m²) :	Clearance from Grade (m):	Estimated Value:

Type of Sign (if more than 3 signs, please add additional pages)			
Overall Height (m):	Sign Area (m²):	Background Area (m²) :	
Dimensions (m²):	Clearance from Grade (m):	Estimated Value:	

OFFICE USE ONLY:			
Permit Number:	Permit Fee:	Date of Issue: Date (mm/dd/yyyy)	