

BUSINESS LICENCE APPLICATION

PRIMARY APPLICANT INFORMATION		JOINT APPLICANT INFORMATION		
Name:		Name:		
Address:		Address:	SS:	
City:	Postal Code:	City:	Postal Code:	
Phone:	Cell:	Phone:	Cell:	
Email: Email:				
GENERAL INFORMATION				
New Business Change of Address/Location Change of Owner Change of Business Name				
Business Name:				
Business Email: Business Phone:				
Business Address (Physical street address of site including postal code):				
Preferred Mailing Address for Business: Primary applicant Joint applicant Business location				
Proposed Opening Date:				
Number of Employees (in		Parking Spaces Available:		
Total floor area of busines Sqft m ²	SS:	Previous use of premises:		
Demolition, renovations, new construction planned whether interior or exterior: Yes No If yes, describe (in full):				
Installing Signage:	Yes No	IF YES - New	Additional	Alterations
If yes, a Sign Permit may be required. Please follow-up with staff for application information.				
TYPE OF BUSINESS (Business Licences are valid for the calendar year, from January 1 to December 31)				
Home Occupation – work conducted within home Home Based – work in the field, based from home				
(client comes to your home and/or you work from home)		(no clients in home; mobile business only)		
Bed & Breakfast		Mobile Food Vendor		
Retail Cannabis Store		Commercial Location/Other		
DESCRIPTION OF BUSINESS				
ADEA OF COVERACE DECLURED				
AREA OF COVERAGE REQUIRED				
Operating in the City of Port Alberni Only The 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. Participating communities: Campbell River, Comox, Courtenay, Cumberland, Port Alberni, Qualicum Beach, Parksville, Nanaimo, Ladysmith, North Cowichan, Lake Cowichan, and Duncan.				
APPLICANT'S ACKNOWLEDGEMENT				
I/We, the undersigned have read this application and hereby make an application for a business 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, they may not be occupied until they have been inspected by the City Department concerned and a licence is issued.				
Signature of Primary Appl	icant:	Date:		
Signature of Joint Applica	mt.		Date:	