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### TYPE OF APPLICATION

<input type="checkbox"/> New Business (starts at \$132.00)	<input type="checkbox"/> Change of Address/Location (previous address) _____
<input type="checkbox"/> Change of Owner (previous owner) _____	<input type="checkbox"/> Change of Business Name (previous name) _____

Inter-Community Licence Required?  Yes  No (\$150.00)

*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, City of Comox, City of Courtenay, Village of Cumberland, City of Port Alberni, Town of Qualicum Beach, City of Parksville, City of Nanaimo, Town of Ladysmith, Municipality of North Cowichan, Town of Lake Cowichan, and City of Duncan.*

### TYPE OF BUSINESS

<input type="checkbox"/> <b>Home Occupation</b> – work conducted within the home <i>(client comes to your home and/or you work from home)</i>	<input type="checkbox"/> <b>Home Based</b> – work in the field, based from home <i>(no clients in home; mobile business only)</i>
<input type="checkbox"/> <b>Bed &amp; Breakfast</b>	<input type="checkbox"/> <b>Retail Cannabis Store</b>
<input type="checkbox"/> <b>Mobile Food Vendor</b>	<input type="checkbox"/> <b>Non-profit Society</b>
<input type="checkbox"/> <b>Other</b>	

### BUSINESS INFORMATION

Business Name:		Business Email:
Business Address (Physical street address of site including postal code):		Business Phone Number:
Preferred Mailing Address with postal code: <i>(if different from above)</i>		
Business Description:		
Total floor area of business premises (m <sup>2</sup> ):	Number of employees <i>(including owners)</i> :	Previous use of premises:
Does your business require any demolition, renovation, or new construction on the building or premises prior to operating? <i>(If yes, Building Permit may be required)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be installing a sign? <i>(If yes, Sign Permit Application is required)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICANT INFORMATION

Applicant's Name:	Property Owner's Name: <i>(if different)</i>
Applicant's Phone Number:	Property Owner's Phone Number:
Applicant's Email:	Property Owner's Email:
Applicant's Home Address:	
Emergency contact/Alternative contact name other than licensee:	Emergency Contact Phone Number:

**PLEASE READ, FILL OUT, AND SIGN BACK OF APPLICATION. THANK YOU.**

**APPLICATION REQUIREMENTS – To avoid delays in processing, submit the following items**

<input type="checkbox"/> Licence fee is required upon licence approval – See Schedule “A” fees
<input type="checkbox"/> One piece of valid government issued ID
<input type="checkbox"/> Page 1 has been completely filled out
<input type="checkbox"/> Requirements by Type of Business filled out on Page 2 if applicable
<input type="checkbox"/> Any supporting documents noted in the information below “Requirements by Type of Business” or the Business Licence Bylaw No. 4980

**REQUIREMENTS BY TYPE OF BUSINESS**

<b>Bed &amp; Breakfast</b>	<input type="checkbox"/> I have read the City of Port Alberni Bed and Breakfast handout and have complied with all requirements stated within handout Number of rooms _____
<b>Non-profit Society</b>	You may be exempt from a business licence fee if ALL requirements are met <input type="checkbox"/> Not-for-profit Society BC Registration Number _____ <input type="checkbox"/> I have attached copies of proof of current registration under the BC Society Act <input type="checkbox"/> Profits/income must be used for charitable purposes only and not distributed to members, directors, or officers
<b>Retail Cannabis Store</b>	<input type="checkbox"/> Must hold a valid and subsisting Non-Medical Retail Cannabis Provincial Licence, issued by the Liquor & Cannabis Regulation Branch of British Columbia <input type="checkbox"/> I have attached copies of proof of all related federal & provincial certificates
<b>Mobile Food Vendor</b>	<input type="checkbox"/> I have attached copies of policy/insurance of \$5,000,000 with the City of Port Alberni named as additional insured as per Mobile Vending Policy <input type="checkbox"/> Regulations in the Business Licence Mobile Vending Policy applies

**CITY OF PORT ALBERNI GENERAL BUSINESS LICENCE INFORMATION**

<ul style="list-style-type: none"> <li>Your business will be subject to inspections and approvals by the City of Port Alberni Building Inspector and the City of Port Alberni Fire Department.</li> <li>Licence fees apply to a calendar year January 1 to December 31. If the licence is approved, licence fees are not refundable. The annual fee is determined by the business category and is set out in Schedule “A” of the Business Licence Bylaw.</li> <li>Check <a href="http://www.portalberni.ca/fees-charges-business-licensing">http://www.portalberni.ca/fees-charges-business-licensing</a> for fee schedule of business licensing.</li> <li>Completion of this form does not guarantee approval of a business licence.</li> <li>The Sign Bylaw requires that all business signage, including signage for Home Occupations have a Permit.</li> <li>A Building Permit may be required if there is a change of use on the property or if you need to renovate or alter your business space.</li> <li>A Health Inspection Approval Certificate may be needed 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. These include hair and nail salons, tattoo parlours, piercing facilities, tanning salons, floatation tanks and laser hair removal, among others.</li> <li>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. 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 City Clerk at (250) 720-2810.</li> <li>More information can be found at <a href="http://www.portalberni.ca">http://www.portalberni.ca</a></li> </ul>
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**APPLICANT’S ACKNOWLEDGEMENT**

I, (print full name of applicant) \_\_\_\_\_ have read both front and back of 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 Applicant: \_\_\_\_\_ Date (mm/dd/year) \_\_\_\_\_