



# Business Licence Application

## Licence Office

4949 Canada Way, Burnaby, B.C. V5G 1M2  
Phone 604-294-7320 Fax 604-294-7163

Date \_\_\_\_\_

1. Location of Business \_\_\_\_\_
2. Licensee \_\_\_\_\_
3. Opening Date: \_\_\_\_\_ Days/Hours of Operation: \_\_\_\_\_
4. Mailing Address: Unit# \_\_\_\_\_ Street # \_\_\_\_\_  
City \_\_\_\_\_ Postal Code: \_\_\_\_\_
5. Tel Number: Bus: \_\_\_\_\_ Emerg. Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_
6. Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Trade Name: \_\_\_\_\_
8. Organization Type:  Sole Proprietor  Partnership  Company  Not for Profit
9. Type of Business (description): \_\_\_\_\_
10. Class Description: \_\_\_\_\_ Units \_\_\_\_\_ # of Empl's \_\_\_\_\_
11. Certification #s (if applicable): \_\_\_\_\_
12. Are you relocating a current business in Burnaby? \_\_\_\_\_ Account Number \_\_\_\_\_

I/We hereby apply for a licence in accordance with the particulars as stated above and declare that they are true and correct. I/We undertake that if granted the licence applied for, I/we will comply with all laws and Burnaby City Bylaws currently in force, or which hereafter come into force.

**NOTE:** This application will not be processed without the application fee. In order to receive the fee amount, please contact the Licence Division. Business Licenses are public records and are available in various additional publications on the City website and/or in hard/soft copy format. All information on this form is collected under the authority of the *Community Charter, Division 9*. Personal information collected is protected pursuant to the **Freedom of Information and Protection of Privacy Act**.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Transfer of Business Licence to be signed by the previous licensee

I hereby agree to transfer (subject to the approval of the Licence Office) the Business Licence for

Business Licence Acct. # \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

|                 |
|-----------------|
| AMOUNT ENCLOSED |
| \$              |

**Please Note: Application is subject to a \$50 non-refundable fee as specified in Bylaw #3089**

| OFFICE USE ONLY                              |                                      |                        |   |
|--|--------------------------------------|------------------------|---|
| Zone _____                                   |                                      |                        |   |
| BY-LAW NO. _____                             |                                      | ACCOUNT NO. _____      |   |
| <b>BUILDING</b> <input type="checkbox"/>     | <b>RCMP</b> <input type="checkbox"/> | <b>FEES</b>            | <input type="checkbox"/> NEW <input type="checkbox"/> NAME CHANGE     |
| <b>FIRE</b> <input type="checkbox"/>         | <b>PPA</b> <input type="checkbox"/>  | LICENCE _____          | <input type="checkbox"/> TRANSFER <input type="checkbox"/> RELOCATION |
| <b>E.S.</b> <input type="checkbox"/>         | <b>PUC</b> <input type="checkbox"/>  | RELOCATION _____       |   |
| <b>FHA</b> <input type="checkbox"/>          |                                      | PRO-RATED _____        |   |
| <b>FHA BULLETIN</b> <input type="checkbox"/> |                                      | TRANSFER _____         |   |
| <b>FPO BULLETIN</b> <input type="checkbox"/> |                                      | <b>TOTAL DUE</b> _____ | <b>RECEIVED BY</b> _____  |