



Business License Application Form

410 Kinchant Street, Quesnel, BC V2J 7J5

Questions about this form: Phone: 250-992-2111 or Email: financedepartment@quesnel.ca

Form submission: Submit to the address above or Fax: 250-992-1512

<i>FOR OFFICE USE ONLY</i>	
Business License #	Application Received By:

PLEASE READ 'THE INFORMATION AND GUIDE FOR BUSINESS LICENSE APPLICANTS' PRIOR TO COMPLETING THIS FORM.

For a rental property/accommodation business, complete the ACCOMMODATION Business License Application Form.

All business licenses expire on December 31st of the current year. Renewal notices are mailed in December for the following year to the current address we have on file for your business. Please be sure to update the City should this address change.

- | | | |
|--|---|---|
| Application Type: | Type of Business: | |
| <input type="checkbox"/> New License | <input type="checkbox"/> Commercial Retail | <input type="checkbox"/> Mobile Vendor (selling goods & food) |
| <input type="checkbox"/> New Ownership (\$50.00) | <input type="checkbox"/> Escort Service | <input type="checkbox"/> Nightclub/Pub |
| <input type="checkbox"/> Business Name Change | <input type="checkbox"/> Financial Institution (includes cash lending businesses) | <input type="checkbox"/> Pawnbroker |
| <input type="checkbox"/> Location Change (\$50.00) | <input type="checkbox"/> Gaming Facility | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Home Based Business | |

Business Information		
Business Operating Name: <i>("Doing Business As")</i>		
First date of business in the City of Quesnel (or effective date of change):		
Physical Location of Business		
Address:		
City:	Postal Code:	
Phone:	Fax:	Email:
Mailing Address of Business (if different from physical location of business)		
Address:		
City:	Postal Code:	
Owner Information		
Name:		
Address:		
City:	Postal Code:	
Phone:	Alternate Phone:	Fax:
<i>(If applicant is a minor, written acknowledgment and consent by a parent or guardian must be provided as per the Business License Bylaw)</i>		
Former Business Information (if applicable)		
Former Business Name:		
Former Business Location Address:		

Business Location Information	
Description of business (including primary and secondary uses):	
Was the premises previously occupied? <input type="checkbox"/> No <input type="checkbox"/> Yes, type of use:	
If applicable, please describe in detail the construction and/or renovations intended for the space: (Walls, plumbing, electrical, painting, flooring, etc. Note: permits may be required)	
Will you be erecting, constructing, painting, altering, or relocating any sign(s)? If yes, you must obtain a sign permit. The charge for a sign permit is waived if the permit application is received within two weeks of Business License approval. <input type="checkbox"/> No <input type="checkbox"/> Yes	
Section A – All Businesses: complete all sections that apply	
Gross floor area of business (m ² or sq. ft.):	Gross floor area of home (m ² or sq. ft.):
No. of employees:	No. of washrooms:
No. of business related vehicles:	Hours of operation:
No. of parking spaces allocated solely for your business:	No. of seats (dining/restaurants/bars):
Do you have a liquor primary license? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach a copy of license)	
<u>Home Based Business Only:</u>	Do you rent or own the property? <input type="checkbox"/> Rent (Letter of Permission from Property Owner required) <input type="checkbox"/> Own

Documentation Checklist:

- | | |
|---|---|
| <input type="checkbox"/> Copy of valid photo identification of ALL owners/operators (i.e. Driver’s License) | <input type="checkbox"/> Rental Permission Letter from Property Owner |
| <input type="checkbox"/> Proof of Incorporation (Incorporated, Society or Partnership) | <input type="checkbox"/> Parent/Guardian Permission Letter for Minor |
| | <input type="checkbox"/> Sign Permit Application |

I/We, the undersigned, confirm as the applicant and/or business owner(s) that the above noted information is correct and agree to comply with all relevant provisions of the Business Regulation and Licensing Bylaw, any other applicable City bylaws and other laws in force, now and in the future. Further, failure to meet these obligations may result in the business license being suspended or reported to City Council for possible revocation.

I/We, the undersigned, understand that renewal fees are due January 1st of each calendar year and that I/We will notify the City of Quesnel if I no longer require a business license.

I/We, the undersigned, understand that the personal information collected on this form is collected for the purpose of processing this application and for the administration and the enforcement of this business license. The personal information collected is under the authority of the *Community Charter, Local Government Act* and the City’s bylaws. In accordance with the *Freedom of Information and Protection of Privacy Act*, this application and associated documentation may become part of a public record.

Questions about the collection of your personal information may be referred to the Director of Corporate and Financial Services, Kari Bolton, at (250) 992-2111.

Applicant’s Signature

Date