



CITY OF WILLIAMS LAKE BUSINESS LICENSE APPLICATION

450 Mart Street, Williams Lake, BC V2G 1N3 Telephone: (250) 392-2311 Fax: (250) 392-4408

DATE OF APPLICATION: _____

I/WE HEREBY APPLY FOR

NEW LICENSE _____ CHANGE OF ADDRESS _____ CHANGE OF OWNER _____ CHANGE OF NAME _____

BUSINESS NAME: _____

REGISTERED COMPANY NAME: _____

BUSINESS ADDRESS: SUITE # _____ HOUSE # _____

STREET: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

BUSINESS PHONE # _____ BUSINESS EMAIL: _____

EMERGENCY CONTACT NAME (Please Provide Two)

SURNAME: _____ GIVEN NAME: _____ PHONE # _____

SURNAME _____ GIVEN NAME _____ PHONE # _____

OWNER INFORMATION

NAME: _____

SUITE# _____ HOUSE # _____

STREET: _____

CITY: _____

PROV: _____ POSTAL CODE: _____

PHONE # _____

EMAIL: _____

OFFICERS INFORMATION IF REGISTERED COMPANY

NAME: _____

SUITE # _____ HOUSE # _____

STREET _____

CITY: _____

PROV: _____ POSTAL CODE: _____

PHONE # _____

EMAIL: _____

DESCRIBE NATURE OF BUSINESS:

FLOOR AREA: _____

NO. OF RENTAL UNITS: _____

NO. OF VEHICLES: _____

NO. OF EMPLOYEES: _____

HAVE YOU APPLIED FOR A SIGN PERMIT?

YES _____ NO _____

Please list all types of Signs at your business:

TYPES: _____

NO. OF SIGNS _____

I hereby make an application for a business license following the particulars stated above and agree to comply with all the relevant bylaws and regulations of the City of Williams Lake. I understand that payment of the license fee in advance does not guarantee approval. I also understand that this license application is only for the premises and business named above and a new application is required before changes in the location or nature of the business.

Note: Business licenses are public records and are available for inspection on request at City Hall. All personal information collected for business licensing purposes is managed per the Freedom of Information and Protection of Privacy Act.

SIGNATURE OF APPLICANT

APPROVAL GRANTED THIS _____ DAY OF _____, 20____.

LICENSE INSPECTOR

OFFICE USE ONLY

CATEGORY: R _____(01) N/R _____(02) H.O _____(03) BIA _____(04)

ACCOUNT # _____ CODE # _____

CODE DESCRIPTION _____

FLAT RATE _____ UNIT RATE _____ ADMINISTRATION FEE: _____ 100%

FEE _____ 75% _____ 50% _____ 25%

ENTERED BY: _____

DATE: _____



APPROVAL REQUEST

Pursuant to City of Williams lake Licensing Bylaw No. 1523, the approval of other departments or provincial agencies may be required by the License Inspector before the Issuance of a business license. Please make arrangements to have your business premises inspected by the departments/agencies indicated below and return this form to the License Inspector after approvals are obtained.

PROPOSED DATE OF OCCUPANY _____

PROPOSED DATE OF OPENING _____

BUILDING PREVIOUSLY OCCUPIED BY _____

NAME AND TELEPHONE NUMBER OF CONTACT PERSON TO ACCESS BUILDING FOR INSPECTION _____

BUILDING INSPECTOR

- Required
- Not Required

COMMENTS: _____

Approved on _____, 20____ Building Inspector

PLANNER

- Required
- Not Required

COMMENTS: _____

Approved on _____, 20____ Planner

FIRE PREVENTION INSPECTOR

- Required
- Not Required

COMMENTS: _____

Approved on _____, 20____ Fire Prevention Officer

HEALTH INSPECTOR

- Required
- Not Required

COMMENTS: _____

Approved on _____, 20____ Health Inspector

R.C.M.P.

- Required
- Not Required

COMMENTS: _____

Approved on _____, 20____ Williams Lake R.C.M.P. Detachment

OTHER

- Required
- Not Required

COMMENTS: _____

Please return the completed Business License Application form to the License Inspector at City Hall.