

City of Duncan
 200 Craig Street
 PO Box 820
 Duncan, BC V9L 3Y2
 Telephone: (250) 746-6126
 Fax No.: (250) 746-6129



BUSINESS LICENSE APPLICATION

The information gathered on this form will be used to administer Municipal bylaws, is collected under the authority of the *Local Government Act* and the Business License Bylaw, and may be released to other parties upon request. If you have a business premises, this application must be made to the Municipality in which your premises is located. If you have any questions about this application, please phone the business License officer at 746-6126.

Name of Business:		
Type of Business:		
Business Street Address:		
Business Mailing Address:		
Business Telephone Number:		Business Facsimile Number:
Trades Qualification Number (if applicable):		
Type of License:		
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Update		<input type="checkbox"/> Inter-Municipal
Renew License Annually?		Fee: \$
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Commercial:		Square Footage of Area: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Approximate Number of Employees:	Number of Seats (if restaurant/cafe/pub): # _____ Liquor License Occupancy: # _____	
Residential:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If residential, provide a complete description of what you intend to do, including, specifically, where will you be conducting the business and approximately how much square footage the business will occupy.		
I agree that I will comply with all applicable bylaws, statutes and regulations relating to this application.		
Owner's Name (print)	Owner's Signature	Date Signed

OFFICE USE ONLY

Planning Department

What is the current zoning of the place of business?

Is the business a permitted use under the zoning bylaws?

Yes

No

Comments:

Date (YY/MM/DD)

Signature of Planner

Building Department

Does the building meet requirements for this type of business? Yes

No

Do you recommend inspection by the Public Health Inspector? Yes

No

Comments:

Date (YY/MM/DD)

Signature of Building Inspector

Referrals

Public Health Inspector

Yes

No

RCMP

Yes

No

Finance Department

Payment Amount:

Classification:

Posting Date:

Payment Date:

Copy to Engineering:

Account Number:

Cash

Cheque

Phone (when approved):

Initials:

Business License Department

Application Approval Date:

Signature of Business License Officer: