



APPLICATION FOR A BUSINESS LICENCE

NAME(S) OF APPLICANT(S):-----

ADDRESS OF APPLICANT(S):----- (-----)
POSTAL CODE

TRADE NAME OF BUSINESS:-----

BUSINESS ADDRESS:----- (-----)
POSTAL CODE

TELEPHONE NO. RESIDENCE:----- BUSINESS:-----

EMAIL:----- FAX:-----

DESCRIPTION OF BUSINESS:-----
(PLEASE BE SPECIFIC)

IS THIS A LICENCED (LIQUOR) ESTABLISHMENT: ----- YES ----- NO

HAVE YOU HELD A LICENCE BEFORE:----- WHEN----- WHERE-----

HAS APPLICANT EVER BEEN CONVICTED OF AN OFFENCE OF A CRIMINAL NATURE OR
HAD A PREVIOUS LICENCE CANCELLED OR REFUSED?-----

ADDITIONAL INFORMATION-----

I, (we) make application for a licence in accordance with the particulars stated above and state that the above statement is 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 hereafter come in force in the City of Dawson Creek.

DATE:-----

Signature of Applicant

****PLEASE NOTE****

Any **change of address** to your business must be reported to the Business Licence Inspector.

All **renovations** to a commercial building require a building permit.

The **civic address** of your business must be **posted** on the property in a location visible from any adjoining streets.

FOR OFFICE USE

Code: 3618

ACCT. NO.:----- Classification:----- Amount:-\$-----

This application is hereby **APPROVED / NOT APPROVED**

FIRE DEPARTMENT----- DATE-----

HEALTH DEPARTMENT----- DATE-----

BUILDING INSPECTOR----- DATE-----

SIGN PERMIT REQUIRED YES NO ADDRESS NUMBERING YES NO

ZONING: _____ CONFORMING _____ NON-CONFORMING _____

LICENCE INSPECTOR----- DATE-----

(HOME-BASED ONLY: applicant received home-based set-up information DATE-----)

COMMENTS:----- COPY TO NCO i/c RCMP