



**APPLICATION FOR A BUSINESS LICENCE**

Contact Person:	
Mailing Address: ( )	
Name of Business: Postal Code	
Business is Located at:	
Home Phone #:	Business Phone #:
Email:	Website:
Description of Business:	
Is this a licensed (liquor) establishment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has applicant ever been convicted of an offence of a criminal nature or had a previous Business Licence cancelled or refused? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you held a business licence before: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a Home Based Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this an Intercommunity Business License: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Please check this box if you do <b>NOT</b> want your business listed on our website.	
<input type="checkbox"/> Please check this box if this is a onetime business licence that will not renew next year.	
Additional Information:	
I, (we) make application for a license 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 license 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:	Applicant's Signature:

Any **change of address** to your business must be reported to the Business License Inspector. All **renovations** to a commercial building require a building permit. **Other permits** may be required, please check with the building department. The **civic address** of your business must be **posted** on the property and visible from any adjoining streets.

<b>FOR OFFICE USE:</b>	<b>This application is hereby APPROVED/NOT APPROVED</b>	
Account #:	Classification:	
Amount: Code:3618	Intercommunity fee: Code:	<b>TOTAL FEE: \$</b>
Fire Department:	Date:	
Health Department:	Date:	
Building Inspector:	Date:	
Sign permit required <input type="checkbox"/> Yes <input type="checkbox"/> No	Address Numbering <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zoning:	<input type="checkbox"/> Conforming <input type="checkbox"/> Non-conforming	
License Inspector:	Date:	
Home Based Only: Applicant received home-based brochure	Date:	

**Copy to NCO i/c RCMP**