

APPLICATION FOR A BUSINESS LICENCE

Contact Person:				
Mailing Address:			()
Name of Business:			Ро	ostal Code
Business is Located at:				
Emergency Contact #:	Business Ph	one #:		
Email: Website:				
Description of Business:				
Did you check to ensure the location of your business is zoned for your proposed business?			☐ Yes	□ No
Is your business a different type of business/use than was formerly in the building?			☐ Yes	□ No
A change of use may trigger additional requirements, contact Development Services 250-784-3654 to verify additional requirements.				
Will your business require any demolition, alterations or new construction on the building or ☐ Yes ☐ No premises? If yes, contact the Building Department at 250-784-3657.				
Are you putting up a sign? A Sign Permit is required before placing a sign. Contact 250-784-3657.			☐ Yes	□ No
Is this a Home Based Business ☐ Yes ☐ No ☐ Is a liquor/ cannabis license required?			☐ Yes	□ No
Has applicant been convicted of an offence of a criminal nature or had a previous business				
Is this an Intercommunity Business Licence?			☐ Yes	. □ No
Post this license on our website			☐ Yes	i □ No
Any additional information:				
I, (we) make application for a licence in accordance with the particulars listed above and state that the above information 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. If I move the business to a new location, I must reapply for a new business licence. Licences are not transferable and inspections will be required at my new business address. All alterations to a commercial building require a building permit. The civic address of my business must be posted on the property and visible from any adjoining streets. Permission to operate my business is not granted until all required inspections are completed and the License Inspector has issued approval.				
Printed Name: Applicant's Signature:				
Date:				
FOR OFFICE USE: Classification:		Amount: \$		Code:3618
Account #: ICBL fee: \$	Code:3617	TOTAL FEE: \$		l
Fire Department:		Date:		
Health Department:		Date:		
Building Department:		Date:		
BCSPCA:		Date:		
Licence Inspector:		Date:		