



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/cannabis) 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 NOT 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 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 licensc 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 Licence 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.

FOR OFFICE USE:	This application is hereby APPROVED/NOT APPROVED	
Account #:	Classification:	
Amount: Code:3618	Intercommunity fee: Code:	TOTAL FEE: \$
Fire Department:	Date:	
Health Department:	Date:	
Building Inspector:	Date:	
BCSPCA	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	
Licence Inspector:	Date:	
Home Based Only: Applicant received home-based brochure	Date:	

Copy to NCO i/c RCMP