



Business Licence Application

MAILED CALLED DATE: _____

Businesses operating in Parksville are required to have a valid business licence. The information requested in this application is necessary to fully evaluate your request for a business licence. **Completion of this form does not guarantee approval of a business licence.**

Business should not be commenced prior to a licence being issued.

- 1) Licence fees apply to a calendar year January 1st to December 31st.
- 2) Licence fees are pro-rated to half price in August in the first year of business for new businesses only.
- 3) If the licence is approved, licence fees are not refundable.

Type of Application:

Application Date	Type: <input type="checkbox"/> New Business <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Owner Location: <input type="checkbox"/> Commercial Premises <input type="checkbox"/> Home Based Business <input type="checkbox"/> Out of Town Premises
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If you are an **OUT OF TOWN** premises/contractor, would you like your business licence to renew automatically? YES NO

NOTE: If you select YES your licence will automatically be renewed each year.
If you select NO your licence will expire at the end of this year and a new application will need to be made.

Business Information:

Business Name:	Business Telephone:	Fax:
Owner of Business:	Home/Cell Telephone:	E-mail:
Address of Business:		
		Postal Code
Mailing Address (if different than above):		
		Postal Code

Description of Business:

Please provide a complete description of your business operation:

Opening Date:	Trade qualifications if applicable:
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Business Premises Information:

What was the previous use of the premises?

Are Renovations Planned? YES NO **NOTE: If there is a change in use or structural changes a Building Permit is required.**

_____ No. of Parking Spaces	_____ Total Floor Area of Business Premises (Sq. Ft.)
_____ No. of Seats (if a restaurant)	_____ No. of rental units (if a property rental business)
_____ No. of Machines (Laundromat, arcade, or vending machine)	No. of People Working in the Business (including owners):
Is a new sign or sign copy being proposed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Full Time: _____ Part Time: _____ Seasonal: _____

If yes, Sign Permit Application is required.

Applicant's Declaration:

I/We hereby make application for a licence in accordance with the particulars as stated in this application, and declare the information in the application to be true and correct. I undertake to comply with all Bylaws of the City of Parksville and all other laws now in force or which may hereafter come into force. I also understand, payment of the Business Licence fee in advance does not guarantee approval of the licence. **I/We further understand that I/We cannot commence business until such time as a Business Licence has been approved and issued.**

SIGNATURE(S)	PRINT NAME(S)	DATE
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FOR OFFICE USE ONLY:

ZONING: _____	BUSINESS LICENCE #: _____
PERMITTED USE: _____	IND. CLASS. CODE: _____
PARKING COMPLIANT: YES <input type="checkbox"/> NO <input type="checkbox"/>	ANNUAL FEE: _____
BUS. ZONING COMPLIANT: YES <input type="checkbox"/> NO <input type="checkbox"/>	CATEGORY CODE: _____ FEE CODE: _____
BLDG. CLASS: _____	FEE PAID: _____
BLDG. PERMIT REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE PAID: _____
SIGN PERMIT REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>	PAYMENT METHOD: CHEQUE <input type="checkbox"/> CASH <input type="checkbox"/> DEBIT <input type="checkbox"/>
	AUTOMATIC RENEWAL: YES <input type="checkbox"/> NO <input type="checkbox"/>
	DELIVERY: MAIL <input type="checkbox"/> PICK-UP <input type="checkbox"/> OTHER: _____

RESTRICTIONS:

APPROVAL:

PLANNING DEPARTMENT	YES <input type="checkbox"/>	SIGNATURE: _____
	NO <input type="checkbox"/>	COMMENT: _____
BUILDING DEPARTMENT	YES <input type="checkbox"/>	SIGNATURE: _____
	NO <input type="checkbox"/>	COMMENT: _____
FIRE DEPARTMENT	YES <input type="checkbox"/>	SIGNATURE: _____
	NO <input type="checkbox"/>	COMMENT: _____

DENIED:

DENIAL LETTER SENT: <input type="checkbox"/>	DATE: _____	DELIVERY METHOD: _____
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The information on this form is collected under the authority of the Local Government Act and City bylaws. The information provided will be used to process your application. If you have questions about the use of this information, contact the Planning Technician at (250)-954-4697 / FAX: (250)-954-4685.

