



# BUSINESS LICENCE APPLICATION

BL #:

PURPOSE OF APPLICATION:	TYPE OF APPLICATION:	TRADE QUALIFICATION/LICENCING:	
<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> ACCESSORY HOME OCCUPATION (AHO)	TRADE QUALIFICATION #:	
<input type="checkbox"/> CHANGE OF OWNER	<input type="checkbox"/> COTTAGE INDUSTRY (CI) <input type="checkbox"/> FARM USE	NON-PROFIT #:	
<input type="checkbox"/> RELOCATION OF BUSINESS	<input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> MOBILE	OTHER:	
<input type="checkbox"/> CHANGE OF NAME	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL		

## BUSINESS INFORMATION:

BUSINESS NAME:		GROSS FLOOR AREA (m <sup>2</sup> ): (TO BE USED FOR BUSINESS)	
TYPE OF BUSINESS: <i>(FULLY DESCRIBE OPERATIONS IN DETAIL. IF YOU REQUIRE ADDITIONAL SPACE PLEASE SUBMIT A SEPARATE BUSINESS OUTLINE.)</i>			
BUSINESS ADDRESS:	UNIT / CIVIC #:		CITY:
	STREET NAME:		POSTAL CODE:
HOME / MAILING ADDRESS: <i>(IF DIFFERENT FROM ABOVE)</i>	UNIT / CIVIC #:		CITY:
	STREET NAME:		POSTAL CODE:
CONTACT INFORMATION:	NAME(S):		
	BUSINESS:	FAX:	
	MOBILE:	HOME:	
	E-MAIL:		
	WEBSITE:		

EMERGENCY CONTACT(S): <i>(WITHIN 30 MINUTE RESPONSE TIME)</i>	NAME:		PHONE:	
	NAME:		PHONE:	
BUILDING OWNER:	NAME:		PHONE:	
BUILDING MANAGER:	NAME:		PHONE:	

WILL THERE BE GOODS, EQUIPMENT OR VEHICLES STORED ON SITE FOR BUSINESS PURPOSES?	<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, EXPLAIN:	
WILL MERCHANDISE BE SOLD TO THE GENERAL PUBLIC? RETAIL, WHOLESALE, ONLINE SALES, ETC.	<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, EXPLAIN:	
WILL THERE BE MEMBERS OF THE PUBLIC ENTERING ONTO THE PREMISES?	<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, EXPLAIN:	
WILL YOU BE CONDUCTING RENOVATIONS, IMPROVEMENTS OR INSTALLING SIGNAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, EXPLAIN:	
WILL YOU BE OPERATING A DAYCARE?	<input type="checkbox"/> YES <input type="checkbox"/> NO    # OF CHILDREN:	
WILL THERE BE ADDITIONAL EMPLOYEES? <i>(NOT INCLUDING BUSINESS OWNER)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, HOW MANY?	FULL TIME:                      PART TIME:



# BUSINESS LICENCE DECLARATION

BL #:

## TYPE OF RESIDENCE (AHO/CI APPLICATIONS ONLY)

- SINGLE FAMILY DETACHED OR MANUFACTURED HOME
- DUPLEX, TOWNHOUSE, SINGLE FAMILY ATTACHED, COACH HOUSE OR GARDEN SUITE
- APARTMENT, SECONDARY SUITE, MOBILE HOME IN PARK, DORMITORY OR CONGREGATE LIVING HOUSE

## ACKNOWLEDGMENT AND AGREEMENT OF TERMS

*I/we, the undersigned, in accordance with the information provided, declare the statements to be true and correct. I/we hereby confirm that the business will comply at all times with the obligations outlined within the Zoning and Regulatory Bylaws for the City of Chilliwack.*

SIGNATURE

DATE

*Please be advised that you are required to read the attached regulation form for "Accessory Home Occupation" or "Cottage Industry" use should the proposed business be subject to these regulations. Does not apply to Commercial or Industrial Business Licence applications.*

*Please note incomplete applications will not be accepted. It is the responsibility of the applicant to ensure the application is completed in full.*

# BUSINESS LICENCE APPROVALS - OFFICE USE ONLY

DEPARTMENT	INSPECTOR	DATE	OTHER AGENCIES	INSPECTOR	DATE
<input type="checkbox"/> PLANNING APPROVAL			<input type="checkbox"/> FRASER HEALTH AUTHORITY		
<input type="checkbox"/> MANAGER APPROVAL			<input type="checkbox"/> ANIMAL CONTROL (FVRD)		
<input type="checkbox"/> BUILDING DEPARTMENT			<input type="checkbox"/>		
<input type="checkbox"/> FIRE DEPARTMENT			<input type="checkbox"/>		
<input type="checkbox"/> RCMP			<input type="checkbox"/>		

## PLANNING REFERENCE

- EXISTING ZONE:
- PROPOSED USE:
- PARKING COUNT:
- DP/TUP/DVP/BP:
- SPECIAL EVENT:

## FEES & PAYMENT

BASE FEE:

AREA FEE:

TOTAL FEE:

IMBL FEE:

## PLANNING COMMENTS



**Regulations for “ACCESSORY HOME OCCUPATION” use pursuant to Section 4(3) of the “Zoning Bylaw 2020, 5000”**

**ACCESSORY HOME OCCUPATION** means a use of gainful nature which is clearly secondary to a RESIDENTIAL USE and may be permitted in accordance with the regulations, as detailed below:

- a) **Common to all DWELLING UNIT types**
  - i) The use shall be accessory to a RESIDENTIAL USE, except where it involves horticulture it shall be contained within a building or structure.
  - ii) The use and all associated equipment *shall not occupy more than a total floor area of 30m<sup>2</sup>.*
  - iii) The use *shall in no way indicate its presence from the exterior* of any building or structure on the lot *except for 1 sign in accordance with the City Sign Bylaw*, in force from time to time.
  - iv) The use *shall not generate additional vehicular traffic or parking demand* not normally associated with a Residential area.
  - v) The use *shall not involve the retail or wholesale of a commodity from the premises, except where such sale is ancillary to a permitted ACCESSORY HOME OCCUPATION use or on the basis of mobile sales, or sales on a brokerage basis including internet sales.*
  
- b) **Single Family Detached Dwelling, Manufactured Home.**
  - i) The use *shall be conducted by no more than one (1) employee.*
  - ii) The use may include, but not be limited to, any of the following activities:
    - 1) domestic crafts such as dressmaking, weaving, tailoring, shoe repair or similar activities;
    - 2) personal and non-medical health, fitness and related services for no more than two persons at a time;
    - 3) instruction in music limited to not more than 2 students at one time; or instruction in arts or crafts limited to not more than 5 students at one time;
    - 4) notwithstanding (i) and (a)(iii) above, the following COMMUNITY CARE FACILITIES licensed under the Community Care Facility Act, Residential Care Regulation and Child Care Licensing Regulation as amended:
      - a) a family CHILD CARE FACILITY for no more than 8 persons;
      - b) a GROUP HOME residence for no more than 10 persons, of whom no more than 6 persons are in care; (AB #3843)
    - 5) BED AND BREAKFAST TYPE TOURIST ACCOMMODATION;
    - 6) workshop of a self-employed person involved in the following activities:
      - a) repair of electrical household appliances and electric motors;
      - b) cabinet or furniture manufacture;
      - c) preparation of food products; (AB #3850)
    - 7) manufacture of novelties, souvenirs, and handicraft objects as an extension of a hobby;
    - 8) office of a self-employed person excluding a doctor, dentist or medical professional;
    - 9) propagation of plants, shrubs, fruits or vegetables for sale;
    - 10) dog and cat grooming provided no more than three (3) animals are on the premises for business purposes at one time and animals are not boarded.
  
- c) **Duplex, Townhouse, Rowhouse, Single Family Attached, Coach House, Garden Suite, Residential Conversion Structure.**
  - i) The use *shall be conducted by no more than one (1) employee.*
  - ii) The use may include, but not be limited to, any of the following activities:
    - 1) domestic crafts such as dressmaking, weaving, tailoring, shoe repair or similar activities;
    - 2) personal and non-medical health, fitness and related services for no more than two persons at a time;
    - 3) workshop of a self-employed person involved in the following activities:
      - a) preparation of food products; (AB #3850)
    - 4) manufacture of novelties, souvenirs, and handicraft objects as an extension of a hobby;
    - 5) office of a self-employed person excluding a doctor, dentist or medical professional;
    - 6) propagation of plants, shrubs, fruits or vegetables for sale;
  
- d) **Apartment, Dormitory, Congregate Living Housing, Secondary Suite, Manufactured Home in association with a Mobile Home Park Use.**
  - i) The use *shall be conducted by no more than one (1) employee.*
  - ii) The use may include, but not be limited to, any of the following activities:
    - 1) office of a self-employed person excluding a doctor, dentist or medical professional;
    - 2) A manager’s residence within a Mobile Home Park Zone shall be permitted the Accessory Home Occupation uses of a Single Family Detached Dwelling.

*I/we hereby acknowledge that I have read and understood the above Zoning Bylaw Regulations for an “Accessory Home Occupation” use and declare that the business in which I operate will, at all times, comply with these restrictions.*

<b>SIGNATURE:</b>		<b>DATE:</b>	
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