



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="text"/> |
| <input type="checkbox"/> CHANGE OF OWNER | <input type="checkbox"/> COTTAGE INDUSTRY (CI) <input type="checkbox"/> FARM USE | NON-PROFIT #: | <input type="text"/> |
| <input type="checkbox"/> RELOCATION OF BUSINESS | <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> MOBILE | OTHER: | <input type="text"/> |
| <input type="checkbox"/> CHANGE OF NAME | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL | | |

BUSINESS INFORMATION:

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

| | | | | |
|--|-------|----------------------|--------|----------------------|
| EMERGENCY CONTACT(S): <i>(WITHIN 30 MINUTE RESPONSE TIME)</i> | NAME: | <input type="text"/> | PHONE: | <input type="text"/> |
| | NAME: | <input type="text"/> | PHONE: | <input type="text"/> |
| BUILDING OWNER: | NAME: | <input type="text"/> | PHONE: | <input type="text"/> |
| BUILDING MANAGER: | NAME: | <input type="text"/> | PHONE: | <input type="text"/> |

| | | |
|---|---|---|
| WILL THERE BE GOODS, EQUIPMENT OR VEHICLES STORED ON SITE FOR BUSINESS PURPOSES? | <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: | <input type="text"/> |
| WILL MERCHANDISE BE SOLD TO THE GENERAL PUBLIC? RETAIL, WHOLESALE, ONLINE SALES, ETC. | <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: | <input type="text"/> |
| WILL THERE BE MEMBERS OF THE PUBLIC ENTERING ONTO THE PREMISES? | <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: | <input type="text"/> |
| WILL YOU BE CONDUCTING RENOVATIONS, IMPROVEMENTS OR INSTALLING SIGNAGE? | <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: | <input type="text"/> |
| WILL YOU BE OPERATING A DAYCARE? | <input type="checkbox"/> YES <input type="checkbox"/> NO # OF CHILDREN: | <input type="text"/> |
| 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: <input type="text"/> PART TIME: <input type="text"/> |



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