



BUSINESS LICENCE APPLICATION

BL #:

PURPOSE OF APPLICATION:		TYPE OF APPLICATION:		TRADE QUALIFICATION/LICENCING:	
NEW APPLICATION	CHANGE OF OWNER	COMMERCIAL	FARM USE	TRADE QUALIFICATION #:	
CHANGE OF NAME	RELOCATION	INDUSTRIAL	NON-RESIDENT	NON-PROFIT #:	
		HOME-BASED <i>(see back for types)</i>		OTHER:	

BUSINESS INFORMATION:

BUSINESS NAME:		GROSS FLOOR AREA: <i>(TO BE USED FOR BUSINESS)</i>		SQFT
				SQM
TYPE OF BUSINESS: <i>(FULLY DESCRIBE OPERATIONS IN DETAIL. A SEPARATE BUSINESS OUTLINE MAY BE SUBMITTED.)</i>				
BUSINESS ADDRESS:	UNIT / CIVIC #:		CITY:	
	STREET NAME:		POSTAL CODE:	
PREFERRED MAILING ADDRESS: <i>(IF DIFFERENT FROM ABOVE)</i>	UNIT / CIVIC #:		CITY:	
	STREET NAME:		POSTAL CODE:	
CONTACT INFORMATION:	NAME(S):			
	BUSINESS:		FAX:	
	MOBILE:		HOME:	
EMERGENCY CONTACT(S): <i>(WITHIN 30 MINUTE RESPONSE TIME)</i>	E-MAIL:			
	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?	YES NO IF YES, EXPLAIN:	
WILL MERCHANDISE BE SOLD TO THE GENERAL PUBLIC? RETAIL, WHOLESALE, ONLINE SALES, ETC.	YES NO IF YES, EXPLAIN:	
WILL THERE BE MEMBERS OF THE PUBLIC ENTERING ONTO THE PREMISES?	YES NO IF YES, EXPLAIN:	
WILL YOU BE CONDUCTING RENOVATIONS, IMPROVEMENTS OR INSTALLING SIGNAGE?	YES NO IF YES, EXPLAIN:	
WILL YOU BE OPERATING A DAYCARE?	YES NO	# OF CHILDREN:
WILL THERE BE ADDITIONAL EMPLOYEES? <i>NOT INCLUDING BUSINESS AND/OR PROPERTY OWNER(S)</i>	YES NO IF YES, HOW MANY?	FULL TIME: PART TIME:

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(S)		DATE	
--------------	--	------	--



APPLICATION REVIEW - OFFICE USE ONLY

BL #:

OTHER SUBMITTALS

BUSINESS OUTLINE		PARKING PLAN
SITE PLAN		FIRE SAFETY PLAN
FIRE DEPARTMENT PROPERTY REFERENCE FORM		FLOOR PLAN
HOME-BASED BUSINESS DECLARATION	ACCESSORY HOME OCCUPATION (AHO)	PROOF OF RESIDENCE
	ACCESSORY HOME INDUSTRIAL (AHI)	OTHER:
	COTTAGE INDUSTRY (CI)	

BUSINESS LICENCE APPROVALS

DEPARTMENT	INSPECTOR	DATE	OTHER AGENCIES	INSPECTOR	DATE
PLANNING APPROVAL			RCMP		
MANAGER APPROVAL			FRASER HEALTH AUTHORITY		
BUILDING DEPARTMENT			ANIMAL CONTROL (FVRD)		
FIRE DEPARTMENT					
ENGINEERING DEPARTMENT					

PLANNING REFERENCE		FEES & PAYMENT	
--------------------	--	----------------	--

EXISTING ZONE:		BASE FEE:	
PROPOSED USE:	MOBILE	AREA FEE:	
PARKING COUNT:		TOTAL FEE:	
BP/DP/DVP/TUP:			
SPECIAL EVENT:			

PLANNING COMMENTS