



**City of  
Richmond**

**Inter-Municipal Business Licence  
Application Form**

Business Licence Department  
6911 No. 3 Road, Richmond, BC V6Y 2C1  
T: 604-276-4328 E: BusLic@richmond.ca

I hereby make application for an Inter-Municipal Business Licence (IMBL) in accordance with the following and any other bylaw or regulation in force:

- That the Inter-Municipal Business Licence is valid only so long as my City of Richmond Business Licence remains valid or the Inter-Municipal Business Licence expires.
- That I must comply with all the bylaws and regulations in effect and enforced in any of the participating municipalities' jurisdictions.
- That the Inter-Municipal Business Licence is only valid for services or products that are related to the construction industry; and health care professionals or health care service providers who provide services by visiting clients in their homes.
- That the Inter-Municipal Business Licence is valid only in the participating municipalities of Vancouver, New Westminster, Delta, Surrey and Burnaby.

This application will not be processed without the fee in the amount of **\$300.00**.

**NOTE:** The information printed on the issued licence is a public record and will be shared on a collected database and that other personal information is protected under the Freedom of Information and Protection of Privacy Act.

**In order to obtain an IMBL, you must hold a valid Richmond business licence for trade or construction related services.**

- **Have you held or applied for a Richmond business licence for the above services yet?**     Yes     No

**Business or Trade Name:** \_\_\_\_\_

**Registered Company Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Unit No.:** \_\_\_\_\_ **Richmond, BC**

**Postal Code:** \_\_\_\_\_ **Bus. Tel.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Unit No.:** \_\_\_\_\_

(If different from above)

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Form Completed By:**

**Name** (please print): \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>Business Licence Reference No.:</b> _____
Verified Valid Richmond Licence: <input type="checkbox"/> Yes	Rec'd & Checked by: _____ Date: _____
Fee Paid by: <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque	
Approved by Chief Licence Inspector: _____	Date: _____