

Business Licence Application

Business Licence Department 6911 No. 3 Road, Richmond, BC V6Y 2C1

| richmon | d.ca | | Tel: 604-276-4328 Email: buslic@richmond.ca | | | |
|---------------------|------------------------------------|------------------------------------|---|------------------------------------|----------------|--|
| Office L | Jse Only: | | | | (O) | |
| Licence | Reference Number: | | | | (N) | |
| | | | | | | |
| □ New | Change of Address | Change of Owne (See Appendix D) | er* 🛛 Change c | f Name D Change o | f Business Use | |
| Have you | previously applied for a | a business licence ir | n Richmond? | □ Yes □ No | | |
| Business | Type: Commercial/ (See Appendix | | Non-Residen | t Home Occupat (See Appendix B) | ion | |
| Proposed | d Start Date: Month | or E | ffective Date of | Change: | | |
| | Month | Day Year | | Month | Day Year | |
| Sole Ov | ESS INFORMATIC wnership | p Corporation | | | | |
| Operating | g or Trade Name: | | | | | |
| Registere | ed Company Name: | | | | | |
| Operating | g/Business Address: | | | Unit | No: | |
| City: | | Provir | nce: | Postal Code: | | |
| Bus. Tel.: | | Fax: | | | | |
| Cell: | | Email | | | | |
| Mailing Address: | | | | | No.: | |
| | | Provi | nce: | Postal Code: | | |
| | /Write Down <u>All</u> Busir | | | | | |
| | of Employees working | | | | | |
| | ADE Contractor Only, co | | | | ••• | |
| | ractors TQ No.: | | ider's Name: | | | |
| Gas | Contractors Bond No. | • | | | | |
| OWNE | RSHIP INFORMA | FION (All to complete | e. Additional owner | s can be submitted on se | eparate paper) | |
| Name: First Last | | | Title/Position: | | | |
| | rst | | | | | |
| | | | | | | |
| | | | | | | |
| | * Transfer of Business Lic | | | | | |

| Commercial or | Home Occupation Uses Only | y (Required) | | |
|---|---|--|---|--|
| Are goods/products | sold directly in person to the general p | oublic (i.e. retail)? | 🗆 Yes 🗖 No | |
| Is any part of your b | usiness sub-contracted? | | □ Yes □ No | |
| 0 | commercial vehicles, or equipment sto scribe: | · | | |
| Commercial/Ind | dustrial Business (Premises in Ric | hmond only, please c | omplete) | |
| | Business in Richmond (full name): | | | |
| Title: | | Tel.: | | |
| Emergency Contac | t Name: | Tel.: | | |
| | Renovations to Business Premises? | | | |
| Who are you Sharir | ng Premises with (name of business) | • | | |
| | Office: | | | |
| | Retail: | Outside: | | |
| | Wholesale: | | | |
| Liquor Licence? |] Yes □ No If yes, type? □ Food Pri | mary 🛛 Liquor Prii | mary D With Endorsement | |
| No. Seats (Restaurants | & liquor establishments): N | Io. Merchandise N | lachines: | |
| No. Amusement Ma | chines: | | | |
| Do you or will yo | e: An exterior sign or window sign r u have any exterior signs or window sig for sign permit applications to Richmond Sign I | gns? | rmit. □ Yes □ No | |
| available for c | commercial/industrial businesses. | – Part A, Section 7.1.1 requires that sufficient parking is | | |
| Do you have suf | ficient parking? | 🗆 Yes 🗖 No | | |
| and declare that the | ication for a business licence in accore e statements are true and correct. I a now in force or which may come into | gree, if granted a | licence, to comply with | |
| Name: | | Title: | | |
| Signature: | | Date: | | |
| If the business is owned by a co for the company. | ompany, the individual signing this form represents that the | ey are either a director of the | e company or have signing authority | |
| Business Licences are public revarious additional publications additional publications, a requ | t be processed without the APPLICATION FEE. In order ecords and are available for inspection on request at City a s on the City website and/or in hard-copy format. If you do est in writing to decline publication must be received by the in accordance with the Freedom of Information and Protect | Hall. The City also makes bu not wish your business info he Licence Inspector. All info | siness licence information available in rmation to be made available in any | |
| Office Use Only: | | | Cash Debit CC Cheque | |
| | Sub Type: | | | |
| Folder Type: | Sub Type: | | Fee: | |

Received by:

Approved by Chief Licence Inspector:

_____ Date: _____

Date: