



www.richmond.ca

Tel: 604-276-4328 Fax: 604-276-4157 Email: buslic@richmond.ca

Office Use Only:

(O)

Business Licence Number: _____

(N)

New Change of Address Change of Owner* Change of Name Change of Business Use
(See Appendix D)

Have you previously applied for a business licence in Richmond? Yes No

Business Type: Commercial/Industrial Premises Non-Resident Home Occupation
(See Appendix A & C) (See Appendix B)

Proposed Start Date: _____ or **Effective Date of Change:** _____
Month Day Year Month Day Year

BUSINESS INFORMATION (All to complete. Please arrange payment for *application fee*)

Sole Ownership Partnership Corporation ****Copy of Certificate to be submitted with application****

Business or Trade Name: _____

Registered Company Name: _____

Business Address: _____ **Unit No.:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Bus. Tel.: _____ **Fax:** _____

Cell: _____ **Email:** _____

Mailing Address: _____ **Unit No.:** _____
(If different from above)

City: _____ **Province:** _____ **Postal Code:** _____

Describe All Business Activities/Services In Richmond:

Number of Employees in Richmond (To include owners): (Full-time): _____ **(Part-time):** _____

****For Trade Contractor Only, copy of contractor TQ or certificate to be submitted with application****

Contractors TQ No.: _____ **TQ Holder's Name:** _____

Gas Contractors Bond No.: _____

OWNERSHIP INFORMATION (All to complete. Additional owners can be submitted on separate paper.)

Name: _____ **Title/Position:** _____
First Last

Home Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Tel.: _____ **Cell:** _____ **Email:** _____

*** Transfer of Business Licence Appendix D to be completed and submitted with this application.**

Richmond Representative/Contact for Business: _____

Title: _____ Tel.: _____

Emergency Contact Name: _____ Tel.: _____
After Hours Number

Commercial or Home Occupation Uses Only

Are goods/products sold directly to the general public (i.e. retail)? Yes No

Is any part of the business sub-contracted? Yes No

Are goods, commercial vehicles, or equipment stored on premises? Yes No

If yes, please describe: _____

Commercial/Industrial Business (Premises in Richmond only)

Are you doing any Renovations to Business Premises? Proposed Completed None

Who are you Sharing Premises with: _____

Floor Area (In sq. ft.): Office: _____ Warehouse: _____

Retail: _____ Outside: _____

Wholesale: _____

Liquor Licence? Yes No If yes, type? Food Primary Liquor Primary With Endorsement

No. Seats (Restaurants & liquor establishments): _____ No. Merchandise Machines: _____

No. Amusement Machines: _____

NOTE: Zoning Bylaw No. 8500 – On-Site Vehicle Parking – Part A, Section 7.1.1 requires that sufficient parking is available for commercial/industrial businesses.

Do you have sufficient parking: Yes No

An exterior sign or alterations to an existing sign requires a permit.

Has the required sign permit been applied for? Yes No N/A

I hereby make application for a business licence in accordance with the above-stated information and declare that the statements are true and correct. I agree, if granted a licence, to comply with all relevant bylaws now in force or which may come into force in the City of Richmond.

Name: _____ Title: _____

Signature: _____ Date: _____

Note: This application will not be processed without the APPLICATION FEE. In order to receive the fee amount, please contact the Licence Department. Business Licences are public records and are available for inspection on request at City Hall. The City also makes business licence information available in various additional publications on the City website and/or in hard-copy format. If you do not wish your business information to be made available in any additional publications, a request in writing to decline publication must be received by the Licence Inspector. All information gathered for business licencing purposes is managed in accordance with the Freedom of Information and Protection of Privacy Act.

Office Use Only:		<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> CC <input type="checkbox"/> Cheque
Folder Type: _____	Sub Type: _____	Fee: _____
Folder Type: _____	Sub Type: _____	Fee: _____
Received by: _____		Date: _____
Approved by Chief Licence Inspector: _____		Date: _____