

District of 100 Mile House

BUSINESS LICENCE APPLICATION

New Licence	Transfer Location	Transf Owner		Non-Profit	Name Change	
	Location					
this application is	necessary to fully evaluate	your request for	a business lice	nce. CHECK YOUR		
					business licence. <u>Business</u> be processed within 10 bu	
<u>days.</u>	micheed prior to a neede	e being issueu.	Dusmess Liee	ice reprications win	be processed within 10 bu	SHICSS
2.) Where ap	ees apply to a calendar yea oplicable licence fees are pr once is approved, licence fe	ro-rated to \$80.00	after July 31st	for new businesses on	aly in the 1^{st} year of an appli	ication.
Business Inforr	mation:					
Business Name:						
Location (CIVIC):	<u>:</u>					
Mailing Address:	:					•
Phone: ()		Fax: <u>(</u>)	E-Mail:		
After Hours Contact Name(s):			Phone #		<u>-</u>
Owner / Corpor	ate Information:					
Name:						
Mailing address	(If different from above)	:				
Phone: ()	F	ax: (<u>)</u>		E-Mail:		•
Name:						
Mailing address	(If different from above)	:				<u>.</u>
Phone: ()	F	ax: (<u>)</u>		E-Mail:		
	on of Business:					
Is the above Busin	ness Location currently und	ler construction a	nd/or renovation	n? Yes□ No□		
Is the above Busin	ness Location to be renova	s? Yes □ No □				
-	been obtained for the new		o oiv montho?	Yes □ No □		
	siness Location been vaca ness required to obtain a pe	Yes □ No □ Yes □ No □				
Is this for Off-Pren		Yes □ No □				
HAVE YOU CHECKED YOUR ZONING?				Yes □ No □		



District of 100 Mile House

BUSINESS LICENCE APPLICATION CON'T

Restaurants: Number of Seats:	Salon/Barber Shops: Number of Chairs:	Accommodation Services: Number of Rental Units:				
bylaws now in force or which he	hereby apply for a E Id. I/We further agree that should to ereafter come into force in the Distr	Licence Fee: \$ District of 100 Mile House Business License. I/We understand that the license applied for herein be granted, that I/we will abide by all the ict of 100 Mile House. Licence has been approved and issued.				
Signature of Applicant	Name (Print	ed) Date				
	FOR OFFI	CE USE ONLY				
Zoning:	Zoning: Permitted Use Description:					
Folio#:	Folio#: (Contractor) Within Municipal Boundaries □ Home Occupation □					
New UB Account □	La	andlord				
APPROVALS REQUIRED () Fire Department Comments:	Contact # to Schedule Previous Occupancy	e Inspections : Class : Current Occupancy Class :				
Building Inspector Comments:						
Approval <u>Not</u> Required as per District Policy	Building Insp.	(a) no change in occupancy use (b) not vacant for more than 6 months (c) no Building permit applied for (d) other:				
Business Licence Inspect	APPROVAL	. DATE:				
C/R#						
CLISTOMED:	CLIENT	OWNED:				