



Business Licence Application

New Licence Transfer Location Transfer Ownership Non-Profit Name Change

Businesses operating in the District of 100 Mile House are required to have a valid business licence. The information requested in this application is necessary to fully evaluate your request for a business licence.
CHECK YOUR ZONING BEFORE COMPLETING APPLICATION.

Completion of this form does not guarantee approval of a business licence. **Business should not commence prior to a licence being issued. Business Licence Applications will be processed within 10 business days.**

1. Licence fees apply to a calendar year January 1st to December 31st.
2. Where applicable licence fees are pro-rated to \$80.00 after July 31st for new bus. only in the 1st year of application.
3. If the licence is approved, licence fees are not refundable.
4. Payment for business licence(s) along with the sign permit fees (if applicable) is/are due upon approval of applications.

BUSINESS INFORMATION (public information)

Business Name:	
Opening Date:	
Civic Location:	
Mailing Address:	
Phone:	
Email:	
Contact Name(s)	
Description of Business:	



BUSINESS INFORMATION CONTINUED

Are any alterations, construction or renovations being made to the business location? (if yes, describe below)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Description:			
Has a Sign Permit been applied for this location?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has zoning been confirmed with District of 100 Mile Planning Department? (If no, please contact our Planning Department before you proceed)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If required does the above business have an Interior Health Operations Permit? (Ex. Food Premises, Personal Services or Child Care)		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> Provide copy
Rental agreement from property owner?		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> If yes, fill out page 3
Proof of Signing Authority for numbered companies with incorporation papers.		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> Provide copy
Restaurants – Number of Seats:	Salon/Barber – Number of Chairs:	Accommodation Services – Number of Rental Units/Rooms:	

BUSINESS LICENCE APPLICANT

I/We consent to receiving business related emails from the District of 100 Mile House. YES NO

I/We _____ hereby apply for a District of 100 Mile House Business License. I/We understand that the Business Licence cannot be sold. I/We further agree that should the licence applied for herein be granted, that I/we will abide by all the bylaws now in force or which hereafter come into force in the District of 100 Mile House.

I cannot commence business until such time as a Business Licence has been approved and issued.

Signature of Business Owner

Date

Print Name of Business Owner

The collection of personal information is authorized under section 26(c) of the *Freedom of Information and Protection of Privacy Act (FIPPA)*. This information will be used for processing this application. Questions can be directed to: Privacy Contact Person, 385 Birch Avenue, 100 Mile House, BC V0K 2E0 250-395-2434 tboulanger@100milehouse.com



DISTRICT OF
100 Mile House

#1-385 Birch Avenue, PO Box 340
100 Mile House, BC, V0K 2E0
250-395-2434
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LEASED OR RENTED COMMERCIAL PREMISES

To be filled out by Property Owner if different from business owner

Property Owner Name:		
Mailing Address:		
Phone:		
Email:		
Effective Date of Lease or Rental Agreement:		
Who will pay for utilities?	Tenant <input type="checkbox"/>	Property Owner <input type="checkbox"/>

Note to Property Owner: Please be aware that any outstanding utility fees at the end of the year will be transferred to your property tax account.

Signature of Property Owner

Date

Print Name of Property Owner

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The following is for Office Use Only

PLANNING DEPARTMENT			
Folio #		Zoning:	
Permitted Use Description:			
Contractor within Municipal Boundaries: <input type="checkbox"/>		Home Occupation: <input type="checkbox"/>	
Comments:			

Signature of Planning Department

Date

BUILDING DEPARTMENT	
Building Permit #	
Comments:	

Signature of Building Department

Date

FIRE DEPARTMENT	
Previous Occupancy Class:	
Current Occupancy Class:	
Comments:	

Signature of Fire Department

Date

APPROVAL NOT REQUIRED AS PER DISTRICT POLICY		
<input type="checkbox"/> Planner <input type="checkbox"/> Fire Department <input type="checkbox"/> Building Department		Reason: <input type="checkbox"/> no change in occupancy use <input type="checkbox"/> no building permit applied for <input type="checkbox"/> other: _____

Signature of Business Licence Inspector

Date

Customer Code:	Client Code:	Owner Code:
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Health Permit #		Sign Permit #	
Previous Utility Account #		Previous Rate Codes	
New Utility Account #		New Rate Codes	