



## 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 1<sup>st</sup> to December 31<sup>st</sup>.
2. Where applicable licence fees are pro-rated to \$80.00 after July 31<sup>st</sup> for new bus. only in the 1<sup>st</sup> 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? <i>(if yes, describe below)</i>		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? <i>(If no, please contact our Planning Department before you proceed)</i>		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"/> <b>Provide copy</b>	
Rental agreement from property owner?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> <b>If yes, fill out page 3</b>	
Proof of Signing Authority for numbered companies with incorporation papers.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> <b>Provide copy</b>	
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



**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	