



BUSINESS LICENCE

Inter-Municipal Business Licence Application

BUSINESS INFORMATION

Name of Business: _____

Type of Business: _____ Phone: _____

Street Address: _____ City: _____ Postal Code: _____

Mailing Address: _____ City: _____ Postal Code: _____

Note: If you have a business premise, your business licence application must be made to the municipality in which your premise is located. If you have any questions about this application, please phone the Director of Finance at 250-746-6126 or email: licence@duncan.ca.

OWNER INFORMATION (please print)

Owner Name: _____ Email: _____

Contact/Manager Name: _____ Phone: _____

DUNCAN BUSINESS LICENCE (\$100/year)

New Non-Profit (\$1/year) Transfer Update

INTER-COMMUNITY LICENCE: (additional \$150/year)

Yes No

RENEW LICENCE ANNUALLY:

Yes No

BUSINESS PREMISE INFORMATION

Commercial Home-based Non-Profit Mobile

Area (Square Meters): _____ Approximate No. of Employees: _____

No. of Seats (restaurant/café/pub): _____ Liquor Licence No. (if applicable): _____

Trades Qualification No. (if applicable): _____

If business is home-based, please provide a complete description of what you intend to do, including, specifically, where you will be conducting the business and approximately how many square meters the business will occupy:

SIGNATURE(S)

By signing this application, I agree to comply with all City of Duncan bylaws and all applicable laws, rules, codes, regulations and orders of all federal or provincial authorities having jurisdiction over such business.

Signature: _____ Date: _____

Note: It is an offence to provide incorrect or misleading information on an application for a licence or renewal of a licence and the Director of Finance may require an applicant to provide proof of certification, approval, or qualification required by a federal, provincial, or local government authority having jurisdiction over the proposed business.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.



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OFFICE USE ONLY: (PLANNING DEPARTMENT)

Zoning of Subject Property: _____ Proposed Use Permitted: Yes No

Parking Required: Yes No

Sign Permit Required: Yes No

Additional Comments: _____

Approved: Yes No

Signature: (Manager of Planning)

Date: _____

OFFICE USE ONLY: (BUILDING DEPARTMENT)

Premises Inspected for Use: Yes No

Building Meet Requirements of Business Type: Yes No

Additional Comments: _____

Approved: Yes No

Signature: (Building Inspector)

Date: _____

OFFICE USE ONLY: (PUBLIC HEALTH INSPECTOR)

Public Health Inspector Approval: Yes No N/A

Additional Comments: _____

OFFICE USE ONLY: (RCMP)

RCMP Approval: Yes No N/A

Additional Comments: _____

OFFICE USE ONLY: (FINANCE DEPARTMENT)

Additional Comments: _____

Signature: (Director of Finance)

Approved: Yes No

Date: _____