

General Business Licence Application

Building Department: 604-990-2480, businesslicences@dnv.org

Read 'The Information and Guide for Business Licence Applications' available at DNV.org prior to completing this form.

The full business licence fee must be submitted with this application. Note that a portion of the fee paid is non-refundable if the business licence is not issued. Effective August 1st, of each year, all business licence fees are prorated to a half year rate for NEW businesses. Unless otherwise indicated, all licences expire on December 31st of the current year. Renewal notices are emailed in December for the following year to the current email address we have on file for your business.

Instructions: Complete this page and applicable Section on page 2 and sign the Confirmation of Application.

Application Details		Previous BUS-	BUS-
Type of business	<input type="checkbox"/> Commercial/Industrial: complete page 2, Section A and provide sketch plans as detailed in section A <input type="checkbox"/> Home Occupation: complete page 2, section B <input type="checkbox"/> Bed & Breakfast: complete page 2, section C and provide documents listed in section C		
Application Type	<input type="checkbox"/> New Licence	<input type="checkbox"/> New Ownership	<input type="checkbox"/> Legal Name Change <input type="checkbox"/> Location Change
Type of Ownership	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Co-operation <input type="checkbox"/> Non-Profit Society	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Certificate of Incorporation must be provided
Operating Name (doing business as/DBA)			
Legal Name	<input type="checkbox"/> Send invoices to this contact?		
Owner's name if unincorporated, Corporate/Limited Legal Name if incorporated			
Contact Person (if appropriate)			
Address	City	Postal Code	
Email	Phone	Cell	
Type of Business			
Physical Location of Business	<input type="checkbox"/> Same as above?		
Address	City	Postal Code	
Primary Business Contact	<input type="checkbox"/> Same as above?		
<i>Note: all correspondence and invoices will be sent to this contact unless specified otherwise.</i>			
Contact Name			
Email	Phone	Cell	
Business Info	For Contractors Only <input type="checkbox"/> Not applicable		
Number of persons engaged in business in the DNV	Inter-Municipal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First date of business at this location	Plumbing Contractor Trades Qual. No.		
Share space with another business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gas Contractor Licence No.	
If yes, Business Name	Electrical Contractor Licence No.		

Industry classification:	Please enter your six digit NAICS code (North American Industry Classification System) as found on your T2 (corporation) or T2125 (sole proprietorship or partnership) income tax forms or in your business tax filing software. Not sure of our code? Look it up here .				
	NAICS is a standard industry descriptor used by all levels of government in industry analysis and reporting and the development of industry policies and program.				
	NAICS number				
Description of the Business Operation (please describe in detail the activities and intended use of the premise)					
Are you renovating or altering the premise for which a building permit will be required? <i>A permit may be required for any building, mechanical, electrical, or sign alterations.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Section A: Commercial/Industrial			<input type="checkbox"/> Not applicable		
Floor area of business - sketch plans are required, to scale, showing entrances, exits, and parking areas					
Storage		ft ²	If restaurant or take-out/delivery		<input type="checkbox"/> Not applicable
Shop Front		ft ²	<u>Number of Seats</u>	Indoor	Outdoor
Public Access		ft ²	If outdoor customer service area		<input type="checkbox"/> Not applicable
Warehouse		ft ²	Private/Public Land: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Both		Floor Area
Mezzanine		ft ²	How many vending machines on premises		
Office Space		ft ²	Vending machines owner (company name)		
Other		ft ²	Other floor area description:		
Section B: Home Occupation			<input type="checkbox"/> Not applicable		
Number of people engaged in the business in the residence				Is there a secondary suite in the residence?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total gross floor area of home		ft ²	Proposed floor area for business use		ft ²
Note: 20% of gross floor area or 46sqm which is the lesser is the maximum area permitted for business use					
Section C: Bed & Breakfast			<input type="checkbox"/> Not applicable		
Number of Bedrooms			Number of Parking Spaces Provided		
Tick to indicate each document is attached to application:					
<input type="checkbox"/> Proof of successful completion of an accredited food-handling course					
<input type="checkbox"/> Floor plan drawn to scale of all dwelling levels indicating all B&B rooms and publicly accessible rooms					
<input type="checkbox"/> Site plan of property identifying required off-street parking spaces					

Sign on the next page

Confirmation of Application

The undersigned hereby makes application for a Business Licence in accordance with the information stated, and declare that the statements are true and correct. I undertake, if granted the licence applied for, to comply with each and every obligation contained in the bylaws now in force or which may hereafter come into force in the District. I further understand that all business licences expire on December 31 each year and must be renewed by January 1 of each new year. If the business activity ceases, the licence not renewed and the licensing period broken, then a new application must be made if the business is reopened.

By signing or clicking the box below, I affirm that the information provided in this application is true and correct and agree to comply with Business Licence bylaw 4567. I further agree to indemnify and save harmless the District of North Vancouver and it's employees against all claims, liabilities, judgements and costs arising from any work done pursuant to this application.

I understand that checking this box constitutes a legal signature <input type="checkbox"/>		Date	
Signature		Name	

I am the Owner Site Contact Authorized Applicant

The personal information collected on this form is done so pursuant to the Business Licence Bylaw 4567 and in accordance with the Freedom of Information and Protection of Privacy Act. The personal information collected herein will be used only for the purpose of processing this application or request and for no other purpose unless its release is authorized by its owner, the information is part of a record series commonly available to the public, or is compelled by a Court or an agent duly authorized under another Act. Further information may be obtained by speaking with The District of North Vancouver's Manager of Administrative Services at 604-990-2207 or at 355 West Queens Road, North Vancouver.