

General Business Licence Application

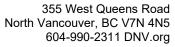
Building Department: 604-990-2480, businesslicences@dnv.org

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 Commercial/Industrial: complete						elete page 2, Section A and provide sketch plans as detailed in section A									
	☐ Home Occupation: complete page 2,								· · · · · · · · · · · · · · · · · · ·						
		□В	☐ Bed & Breakfast: complete page 2, section C and provide documents listed in section C												
Application Type			□ New Licence			☐ New Ownersh		□ Legal Name Change			☐ Location Change				
Type of Ownership		□Р	□ Partnership			-operation		□ Corpo	ration		□ Limited				
		□s	☐ Sole Proprietorship			n-Profit Soc	ciety C	Certificate of Incorporation must be provided							
Operating Name (doing business as/DBA)															
Legal Name				□ Send	linvoice	es to this co	s to this contact?								
Owner's name if unincorporated, Corporate/Limited Legal Name if incorporated															
Contact Person (if appropriate)															
Address										Postal Code					
Email							Phone	e		Cell					
Type of Business															
Physical Locati Business	stion of ☐ Same as above?														
Address							City			Postal Code					
•	Primary Business Contact ☐ Same as above? Note: all correspondence and invoices will be sent to this contact unless specified otherwise.														
Contact Name															
Email								e		Cell					
						For Con	tractor	ors Only ☐ Not applicable							
Number of persons engaged in business in the DNV					Inter-Municipal?				□ Yes □ No						
First date of business at this location					Plumbing Contractor Trades Qual. No.										
					Transing Somitation Trades Qual. 140.										
Share space with another business? ☐ Yes ☐ No				Gas Contractor Licence No.											
If yes, Business Name				Electrical	Contrac	ctor Liceno									

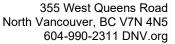
Document Number: 3642978





Industry classific	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 n	umb	iber								
Description of th	e Busine	ss Opera	atio	n (ple	ease describe	in	detail the activition	es and int	ended us	e of the premise)	
Are you renovating	or altering	the premi	se fr	or whi	ich a building	nei	rmit will he requi	red?			
Are you renovating or altering the premise for which a building permit will be required? A permit may be required for any building, mechanical, electrical, or sign alterations. □ Yes □ No											
Section A: Commercial/Industrial Not applicable											
Floor area of business - sketch plans are required, to scale, showing entrances, exits, and parking areas											
Storage		f	t ² I	If restaurant or take-out/delivery □ Not applicable							
Shop Front		f	2	Numb	per of Seats	ı	Indoor	Outdo	or	Liquor Licensed?	□ Yes □ No
Public Access		f	²	If outdoor customer service area □ Not applicable							
Warehouse		f	t ²	Private/Public Land: ☐ Public ☐ Private ☐ Both Floor Area							ft ²
Mezzanine		f	²	How many vending machines on premises							
Office Space		f	t ² \	Vending machines owner (company name)							
Other		f	t ² (Other floor area description:							
Section B: Home	Section B: Home Occupation Not applicable										
Number of people engaged in the business					residence		Is the	ere a seco	ondary sui	te in the residence?	□ Yes □ No
Total gross floor area of home					ft ² Proposed floor area for business use						ft²
Note: 20% of gross floor area or 46sqm which is the lesser is the maximum area permitted for business use											
Section C: Bed & Breakfast											
Number of Bedrooms Number of Parking Spaces Provided											
Tick to indicate each document is attached to application: ☐ Proof of successful completion of an accredited food-handling course ☐ Floor plan drawn to scale of all dwelling levels indicating all B&B rooms and publicly accessible rooms ☐ Site plan of property identifying required off-street parking spaces											

Document Number: 3642978





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 ch	ecking this box constitutes a legal signature \Box	Date						
Signature		Name						
I am the Owner Site Contact Authorized Applicant								
The personal information collected on this form is done so pursuant to the <u>Business Licence Bylaw 4567</u> and in accordance with the <u>Freedom of</u>								

The personal information collected on this form is done so pursuant to the <u>Business Licence Bylaw 4567</u> and in accordance with the <u>Freedom of Information and Protection of Privacy Act</u>. 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.

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