

# General Business Licence Application

Building Department: 604-990-2480, [businesslicences@dnv.org](mailto:businesslicences@dnv.org)

Read 'The Information and Guide for Business Licence Applications' available at [DNV.org](http://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 mailed in December for the following year to the current 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              |
| Type of Ownership                                | <input type="checkbox"/> Partnership  | <input type="checkbox"/> Co-operation                    | <input type="checkbox"/> Corporation                    |
|  | <input type="checkbox"/> Sole Proprietorship  | <input type="checkbox"/> Non-Profit Society              | Certificate of Incorporation must be provided           |
| <b>Operating Name (doing business as/DBA)</b>    |   |  |   |
| <b>Type of Business</b>                          |   |  |   |
| <b>Legal Name</b>                                | Owner's name if unincorporated, Corporate/Limited Legal Name if incorporated  |  |   |
|  |   |  | <input type="checkbox"/> Send invoices to this contact? |
| Contact Person (if appropriate)                  |   |  |   |
| Address  | City  | Postal Code  |   |
| Email  | Phone   | Cell   |   |
| <b>Physical Location of Business</b>             | <input type="checkbox"/> Same as above?   |  |   |
| Address  | City  | Postal Code  |   |
| <b>Primary Business Contact</b>                  | <input type="checkbox"/> Same as above?<br>Note: all correspondence and invoices will be sent to this contact unless specified otherwise. |  |   |
| Contact Name                                     |   |  |   |
| Email  | Phone   | Cell   |   |
| <b>Business Info</b>                             | <b>For Contractors Only</b> <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                           | Plumbing Contractor Trades Qual. No.  |  |   |
| Do you share a space with another business?      | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Gas Contractor Licence No.                               |   |
| If yes, Business Name                            | Electrical Contractor Licence No.   |  |   |

|  |  |                 |   |  |   |
|--|--|-----------------|---|--|---|
| 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?<br><i>A permit may be required for any building, mechanical, electrical, or sign alterations.</i>   |  |                 |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| <b>Section A: Commercial/Industrial</b>  |  |                 | <input type="checkbox"/> Not applicable   |  |   |
| <b>Floor area of business - sketch plans are required, to scale, showing entrances, exits, and parking areas</b>   |  |                 |   |  |   |
| Storage  |  | ft <sup>2</sup> | If <b>restaurant or take-out/delivery</b>   |  | <input type="checkbox"/> Not applicable                                   |
| Shop Front   |  | ft <sup>2</sup> | Number of Seats   |  | Liquor Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Public Access  |  | ft <sup>2</sup> | If <b>outdoor</b> customer service area   |  | <input type="checkbox"/> Not applicable                                   |
| Warehouse  |  | ft <sup>2</sup> | Number of Seats   |  | Floor Area <span style="float: right;">ft<sup>2</sup></span>              |
| Mezzanine  |  | ft <sup>2</sup> | How many vending machines on premises   |  |   |
| Office Space   |  | ft <sup>2</sup> | Vending machines owner (company name)   |  |   |
| Other  |  | ft <sup>2</sup> | Other floor area description:   |  |   |
| <b>Section B: Home Occupation</b>  |  |                 | <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 <sup>2</sup> | Proposed floor area for business use  |  | ft <sup>2</sup>   |
| Note: 20% of gross floor area or 46sqm which is the lesser is the maximum area permitted for business use  |  |                 |   |  |   |
| <b>Section C: Bed &amp; Breakfast</b>  |  |                 | <input type="checkbox"/> Not applicable   |  |   |
| Number of Bedrooms   |  |                 | Number of Parking Spaces Provided   |  |   |
| <b>Tick to indicate each document is attached to application:</b>  |  |                 |   |  |   |
| <input type="checkbox"/> Proof of successful completion of an accredited food-handling course<br><input type="checkbox"/> Floor plan drawn to scale of all dwelling levels indicating all B&B rooms and publicly accessible rooms<br><input type="checkbox"/> Site plan of property identifying required off-street parking spaces   |  |                 |   |  |   |
| <b>Confirmation of Application</b>   |  |                 |   |  |   |
| <p>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.</p>   |  |                 |   |  |   |
| Signature  |  |                 | Date  |  |   |
| Print Name   |  |                 | I am the <input type="checkbox"/> Owner <input type="checkbox"/> Site Contact <input type="checkbox"/> Authorized Applicant |  |   |
| <p>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.</p> |  |                 |   |  |   |