

Business Licence Application

Businesses operating in Parksville are required to have a valid business licence. Information requested in this application is necessary to fully evaluate your request for a business licence. **Completion of this form does not guarantee approval of a business licence.**

Business should not be commenced prior to a licence being issued.

- 1) Licence fees apply to a calendar year January 1 to December 31.
- 2) If the licence is approved, licence fees are not refundable.

Type of Application:

Application Date	Type: <input type="checkbox"/> New Business	<input type="checkbox"/> New Owner	<input type="checkbox"/> New Location
	Location: <input type="checkbox"/> Commercial Property	<input type="checkbox"/> Industrial Property	<input type="checkbox"/> Home Based Business

INTER-COMMUNITY BUSINESS LICENCE: YES NO HOME/PRINCIPAL MUNICIPALITY: _____

NOTE: This licence allows you to do business in 12 municipalities on Vancouver Island without requiring individual business licences. You must obtain a municipal business licence before applying for an Inter-Community Business Licence. The fee is \$170.

Business Information:

Business Name:	Business Telephone:	Home/Cell Telephone:
Owner of Business:	Email:	
Address of Business:		
	Postal Code	
Mailing Address (if different than above):		
	Postal Code	

Description of Business:

Please provide a complete description of your business operation:

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Opening Date:	Have you had a business licence with the City of Parksville before? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Business Premises Information:

What was the previous use of the premises? _____

Are renovations planned? YES NO **NOTE: If there is a change in use or structural changes a Building Permit is required.**

_____ No. of parking spaces	_____ Total floor area of business premises (Sq. Ft.)
_____ No. of seats (if a restaurant)	_____ No. of rental units (if a property rental business)
_____ No. of children in daycare (if a daycare)	No. of people working in the business (including owners):

Is a new sign or sign copy being proposed? YES NO
If yes, Sign Permit Application is required.

Full Time: _____ Part Time: _____ Seasonal: _____

Applicant's Declaration:

I/We hereby make application for a licence in accordance with the particulars as stated in this application, and declare the information in the application to be true and correct. I undertake to comply with all bylaws of the City of Parksville and other municipalities now in force or which may hereafter come into force. I also understand, payment of the Business Licence fee in advance does not guarantee approval of the licence. **I/We further understand that I/We cannot commence business until such time as a Business Licence has been approved and issued.**

SIGNATURE OF BUSINESS OWNER(S)	PRINT NAME(S)	DATE
IF APPLICABLE, SIGNATURE OF LANDLORD/PROPERTY OWNER(S)	PRINT NAME(S)	DATE

FOR OFFICE USE ONLY:

ZONING: _____	BUSINESS LICENCE #: _____
PERMITTED USE: _____	IND. CLASS. CODE: _____
PARKING COMPLIANT: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	ANNUAL FEE: _____ ICBL _____
BUS. ZONING COMPLIANT: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	CATEGORY CODE: _____ FEE CODE: _____
BLDG. CLASS: _____	FEE PAID: _____
BLDG. PERMIT REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	DATE PAID: _____
SIGN PERMIT REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	PAYMENT METHOD: CHEQUE <input type="checkbox"/> CASH <input type="checkbox"/> DEBIT <input type="checkbox"/>
	AUTOMATIC RENEWAL: YES <input type="checkbox"/> NO <input type="checkbox"/>
	DELIVERY: MAIL <input type="checkbox"/> PICK-UP <input type="checkbox"/> OTHER: _____

RESTRICTIONS:

APPROVAL:

PLANNING DEPARTMENT	YES <input type="checkbox"/>	SIGNATURE: _____
	NO <input type="checkbox"/>	COMMENT: _____
BUILDING DEPARTMENT	YES <input type="checkbox"/>	SIGNATURE: _____
	NO <input type="checkbox"/>	BCBC GROUP/DIVISION _____ TO BCBC GROUP/DIVISION _____
FIRE DEPARTMENT	YES <input type="checkbox"/>	SIGNATURE: _____
	NO <input type="checkbox"/>	COMMENT: _____

DENIED:

DENIAL LETTER SENT: <input type="checkbox"/>	DATE: _____	DELIVERY METHOD: _____
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The information on this form is collected under the authority of the Local Government Act and City of Parksville bylaws. The information provided will be used to process your application. If you have questions about the use of this information, contact the Licence Inspector at 250 954-3080.