



Account No. _____

Licence No. _____

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	<input type="checkbox"/> Relocated
	Location: <input type="checkbox"/> Commercial Property	<input type="checkbox"/> Industrial Property	<input type="checkbox"/> Home Based Business	<input type="checkbox"/> Non-Resident

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

NOTE: This licence allows you to do business in 24 participating 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 ICBL fee is \$170.00

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:

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 <input type="checkbox"/> NO <input type="checkbox"/> 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: _____
PERMITTED USE: _____
PARKING COMPLIANT: YES NO N/A
BUS. ZONING COMPLIANT: YES NO N/A
BLDG. CLASS: _____
BLDG. PERMIT REQUIRED: YES NO N/A
SIGN PERMIT REQUIRED: YES NO N/A

BUSINESS LICENCE #: _____
IND. CLASS. CODE: _____
ANNUAL FEE: _____ ICBL _____
CATEGORY CODE: _____ FEE CODE: _____
FEE PAID: _____
DATE PAID: _____
PAYMENT METHOD: CHEQUE CASH DEBIT
AUTOMATIC RENEWAL: YES NO
DELIVERY: MAIL PICK-UP 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: DATE: _____ DELIVERY METHOD: _____

The information on this form is being collected under section 26(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering municipal and inter-community business licence programs and will be protected under the provisions of the Act. Questions about the collection of information, should be directed to the City of Parksville FOIPP Coordinator at 250 954-3070 or by mail at Box 1390, Parksville, BC V9P 2H3.