

209 Dutch Lake Road
Clearwater, BC V0E 1N0
250-674-2257
www.districtofclearwater.com



BUSINESS LICENCE APPLICATION

Business Licence No: _____

APPLICANT TYPE

<input type="radio"/> New Licence	<input type="radio"/> Change of Address	<input type="radio"/> Change of Name	<input type="radio"/> Change of Business Use
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BUSINESS STRUCTURE

<input type="radio"/> Proprietorship	<input type="radio"/> Partnership	<input type="radio"/> Corporation	<input type="radio"/> Registered Society
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BUSINESS CATEGORY

<input type="radio"/> Service	<input type="radio"/> Financial Institution	<input type="radio"/> Professional Office	<input type="radio"/> Home Based Business
<input type="radio"/> Liquor Outlets	<input type="radio"/> Lodging – more than 10 units	<input type="radio"/> Lodging – less than 10 units	<input type="radio"/> Bed & Breakfast
<input type="radio"/> Film Production	<input type="radio"/> Special Events	<input type="radio"/> Entertainment	<input type="radio"/> Non Resident
<input type="radio"/> Second Hand Dealers	<input type="radio"/> Escort Service	<input type="radio"/> Cannabis	<input type="radio"/> Other

DESCRIPTION OF BUSINESS – including primary and secondary uses

BUSINESS CONTACT INFORMATION – this will be used in public settings (ie, online business directory) ☐ No Business Directory Listing

Operating As or Trade Name:		
Registered Business Name:		
Location Address:		
City:	Postal Code:	Website:
Business Telephone:		Email:
Mailing Address (if different from above):		

Do you own or rent the business location? ☐ Own ☐ Rent

BUSINESS OWNER INFORMATION

Name:	
Address:	
City:	Postal Code:
Phone:	Email:

EMERGENCY CONTACT

Name:
Contact Information:

BUSINESS LOCATION INFORMATION – complete all applicable sections

1. Was the premises previously occupied? <input type="radio"/> No <input type="radio"/> Yes, type of use _____	
2. Is any construction and/or renovation taking place or planned? <input type="radio"/> No <input type="radio"/> Yes	
3. If applicable, please describe in detail the construction and/or renovations intended for the space (walls, plumbing, electrical, painting, flooring) (Note: permits may be required)	
4. Gross floor area of business (m2 or sq. ft):	5. Gross floor area of Home (m2 or sq. ft):
6. No. of employees:	7. No. of washrooms:
8. No. of business related vehicles:	9. Hours of Operation

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10. No. of seats (dining/restaurant/bars)	11. Will you have a liquor license?
12. Lodging: How many Units?	13. Lodging: Other services or facilities?

BUSINESS LICENCE CHANGES

The Business Licence is being changed as follows:

<input type="radio"/> New Location of Business Premises:	
<input type="radio"/> New Business Name:	Old Business Name:
<input type="radio"/> New Type of Business:	

APPLICATION CHECKLIST – attach any that are applicable

<input type="radio"/> Copy of valid photo identification of all owners/operators (ie, Drivers Licence)	<input type="radio"/> Rental Permission Letter from Property Owner
<input type="radio"/> Proof of Incorporation (Incorporated, Society or Partnership)	<input type="radio"/> Interior Healthy Authority (IHA) Operating Permit
<input type="radio"/> Building Inspector Approval	<input type="radio"/> Liquor Licence
<input type="radio"/> Other Agency Approval Required	<input type="radio"/> Other

Please note that Business Licence applications may take approximately two (2) weeks to process. An incomplete application will result in delays. Please attach all necessary supporting documents.

I understand that the payment of the Business Licence fee in advance does not guarantee approval and business may not commence without a Business Licence being issued.

Declaration and Agreement of Applicant:

- I/We, the undersigned, hereby apply for a business licence in accordance with the information as stated and declare that the statements included and attached are true and correct to the best of my/our knowledge. If granted the licence applied for, I/we agree to comply with each and every contained in the regulations now in force or which may come into force within the District. It is understood that I/we must renew the licence issued each year, that the licence is not transferable to any other person, that it is subject to review at any time, and may be suspended, revoked, or cancelled for failure to comply with any applicable laws or for reasonable cause.
- I/We, the undersigned, understand that the personal information collected on this form is collected for the purpose of processing this application and for the administration and the enforcement of this business licence. The personal information collected is under the authority of the Community Charter, Local Government Act and the City's bylaws. In accordance with the Freedom of Information and Protection of Privacy Act, this application and associated documentation may become part of a public record. Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act (FOIPPA) and will be used only for the purposes of responding to your request.
- I/We, the undersigned, give permission to the District of Clearwater to contact me via email or other electronic messaging with information pertinent to my business or business activities in general.

Signature of Applicant: _____

Date: _____

OFFICE USE

Business Licence Application <input type="radio"/> Approved <input type="radio"/> Denied	Date Approved:
Business Licence Fee Paid <input type="radio"/> Yes <input type="radio"/> No. Method _____	Property Zoning:
Building Permit Required <input type="radio"/> Yes <input type="radio"/> No No# _____	Is Proposed Business Use Permitted <input type="radio"/> Yes <input type="radio"/> No
Fire Inspection Required <input type="radio"/> Yes <input type="radio"/> No	Fire Inspection Approved <input type="radio"/> Yes <input type="radio"/> No
Other Permits Req'd:	Signature Business Licence Inspector