



City of Courtenay

Application for *Business Licence*

MAILING ADDRESS

830 Cliffe Avenue
 Courtenay BC V9N 2J7
 Phone: (250) 703-4862 Fax: (250) 334-4241

I/We hereby apply for:

INTER-MUNICIPAL (Comox/Courtenay):

NEW LICENCE: CHANGE OF ADDRESS: *previous address:* _____

CHANGE OF OWNER: CHANGE OF TRADE NAME: *previous name:* _____

BUSINESS NAME _____

OWNER(S) NAME _____ D.O.B. _____

LOCATION OF BUSINESS _____

MAILING ADDRESS OF BUSINESS _____

POSTAL CODE _____

PHONE _____ CELL _____ FAX _____

EMAIL _____ HOME ADDRESS _____

DESCRIPTION (IN FULL) OF BUSINESS TO BE CONDUCTED _____

TRADE QUALIFICATION (TQ) # _____ RETAIL AREA: _____ SQ.FT.

ARE THERE ANY IMPROVEMENTS PLANNED? NO YES IF YES, DESCRIBE WORK _____

NEW SIGNAGE? NO YES

PREVIOUS USE OF SPACE _____ OPENING DATE _____

DO YOU HAVE A CRIMINAL RECORD? NO YES PLEASE SPECIFY _____

I AUTHORIZE THE CITY OF COURTENAY TO DO A CRIMINAL RECORD CHECK IF NECESSARY

I/WE THE UNDERSIGNED MAKE APPLICATION FOR A BUSINESS LICENCE IN ACCORDANCE WITH THE INFORMATION GIVEN AND DECLARE THE STATEMENTS ARE TRUE AND CORRECT. I/WE UNDERTAKE, IF GRANTED THE LICENCE APPLIED FOR, TO COMPLY WITH EACH AND EVERY OBLIGATION CONTAINED IN BYLAWS NOW IN FORCE OR WHICH MAY HEREAFTER COME INTO FORCE IN THE CITY OF COURTENAY.

SIGNED _____

DATE _____

OFFICE USE ONLY

REFERRALS	DATE REFERRED	INSPECTION DATE	COMMENTS	INITIAL
PLANNING DEPT			ZONING:	
BUILDING DEPT				
FIRE DEPT				
HEALTH				
RCMP (CRIMINAL RECORD CHECK)				
TOWN OF COMOX (INTER-MUNICIPAL)				

CLASSIFICATION _____ FEE _____ ROLL # _____

PAYMENT DATE _____

CUSTOMER ID _____

BUSINESS LICENCE NO. _____

DATE OF APPROVAL _____
_____ BUSINESS LICENCE INSPECTOR