



BUSINESS LICENCE APPLICATION

BL #:

PURPOSE OF APPLICATION:	TYPE OF APPLICATION:	TRADE QUALIFICATION/LICENCING:	
<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> ACCESSORY HOME OCCUPATION (AHO)	TRADE QUALIFICATION #:	
<input type="checkbox"/> CHANGE OF OWNER	<input type="checkbox"/> COTTAGE INDUSTRY (CI) <input type="checkbox"/> FARM USE	NON-PROFIT #:	
<input type="checkbox"/> RELOCATION OF BUSINESS	<input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> MOBILE	OTHER:	
<input type="checkbox"/> CHANGE OF NAME	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL		

BUSINESS INFORMATION:

BUSINESS NAME:			GROSS FLOOR AREA (m ²): <i>(TO BE USED FOR BUSINESS)</i>	
TYPE OF BUSINESS: <i>(FULLY DESCRIBE OPERATIONS IN DETAIL. IF YOU REQUIRE ADDITIONAL SPACE PLEASE SUBMIT A SEPARATE BUSINESS OUTLINE.)</i>				
BUSINESS ADDRESS:	UNIT / CIVIC #:		CITY:	
	STREET NAME:		POSTAL CODE:	
HOME / MAILING ADDRESS: <i>(IF DIFFERENT FROM ABOVE)</i>	UNIT / CIVIC #:		CITY:	
	STREET NAME:		POSTAL CODE:	
CONTACT INFORMATION:	NAME(S):			
	BUSINESS:		FAX:	
	MOBILE:		HOME:	
	E-MAIL:			
	WEBSITE:			

EMERGENCY CONTACT(S): <i>(WITHIN 30 MINUTE RESPONSE TIME)</i>	NAME:		PHONE:	
	NAME:		PHONE:	
BUILDING OWNER:	NAME:		PHONE:	
BUILDING MANAGER:	NAME:		PHONE:	

WILL THERE BE GOODS, EQUIPMENT OR VEHICLES STORED ON SITE FOR BUSINESS PURPOSES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:	
WILL MERCHANDISE BE SOLD TO THE GENERAL PUBLIC? RETAIL, WHOLESALE, ONLINE SALES, ETC.	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:	
WILL THERE BE MEMBERS OF THE PUBLIC ENTERING ONTO THE PREMISES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:	
WILL YOU BE CONDUCTING RENOVATIONS, IMPROVEMENTS OR INSTALLING SIGNAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:	
WILL YOU BE OPERATING A DAYCARE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	# OF CHILDREN:	
WILL THERE BE ADDITIONAL EMPLOYEES? <i>(NOT INCLUDING BUSINESS OWNER)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY?	FULL TIME: PART TIME:



BUSINESS LICENCE DECLARATION

BL #:

TYPE OF RESIDENCE (AHO/CI APPLICATIONS ONLY)

- SINGLE FAMILY DETACHED OR MANUFACTURED HOME
- DUPLEX, TOWNHOUSE, SINGLE FAMILY ATTACHED, COACH HOUSE OR GARDEN SUITE
- APARTMENT, SECONDARY SUITE, MOBILE HOME IN PARK, DORMITORY OR CONGREGATE LIVING HOUSE

ACKNOWLEDGMENT AND AGREEMENT OF TERMS

I/we, the undersigned, in accordance with the information provided, declare the statements to be true and correct. I/we hereby confirm that the business will comply at all times with the obligations outlined within the Zoning and Regulatory Bylaws for the City of Chilliwack.

SIGNATURE

DATE

Please be advised that you are required to read the attached regulation form for "Accessory Home Occupation" or "Cottage Industry" use should the proposed business be subject to these regulations. Does not apply to Commercial or Industrial Business Licence applications.

Please note incomplete applications will not be accepted. It is the responsibility of the applicant to ensure the application is completed in full.

BUSINESS LICENCE APPROVALS - OFFICE USE ONLY

DEPARTMENT	INSPECTOR	DATE	OTHER AGENCIES	INSPECTOR	DATE
<input type="checkbox"/> PLANNING APPROVAL			<input type="checkbox"/> FRASER HEALTH AUTHORITY		
<input type="checkbox"/> MANAGER APPROVAL			<input type="checkbox"/> ANIMAL CONTROL (FVRD)		
<input type="checkbox"/> BUILDING DEPARTMENT			<input type="checkbox"/>		
<input type="checkbox"/> FIRE DEPARTMENT			<input type="checkbox"/>		
<input type="checkbox"/> RCMP			<input type="checkbox"/>		

PLANNING REFERENCE

- EXISTING ZONE:
- PROPOSED USE:
- PARKING COUNT:
- DP/TUP/DVP/BP:
- SPECIAL EVENT:

FEES & PAYMENT

BASE FEE:

AREA FEE:

TOTAL FEE:

IMBL FEE:

PLANNING COMMENTS

MUST BE FILLED OUT IN FULL – PRINT CLEARLY



Chilliwack Fire Department Property Reference Information

Date: _____

Civic Address: _____ Chilliwack, BC , V _____

Business/Building Name: _____

Telephone: _____ Email: _____

Business Owner: _____

Home Telephone: _____ Cell #: _____

Contact Information:

1) **1st Contact:** _____ Home #: _____

Title: _____ Cell #: _____

Email: _____

2) **2st Contact:** _____ Home #: _____

Title: _____ Cell #: _____

Email: _____

3) **Building Owner or Rep:** _____ Bus. #: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____ Home #: _____

Cell #: _____ Email: _____

Additional Notes:

Input to FDM ()

Chilliwack Fire Department, 45950 Cheam Avenue, Chilliwack, BC V2P 1N6
Telephone: (604) 792-8713; Fax : (604) 393-0822