



# BUSINESS LICENCE APPLICATION

BL #:

PURPOSE OF APPLICATION:		TYPE OF APPLICATION:		TRADE QUALIFICATION/LICENCING:	
NEW APPLICATION	CHANGE OF OWNER	COMMERCIAL	FARM USE	TRADE QUALIFICATION #:	
CHANGE OF NAME	RELOCATION	INDUSTRIAL	NON-RESIDENT	NON-PROFIT #:	
		HOME-BASED <i>(see back for types)</i>		OTHER:	

## BUSINESS INFORMATION:

BUSINESS NAME:		GROSS FLOOR AREA: <i>(TO BE USED FOR BUSINESS)</i>		SQFT
				SQM
TYPE OF BUSINESS: <i>(FULLY DESCRIBE OPERATIONS IN DETAIL. A SEPARATE BUSINESS OUTLINE MAY BE SUBMITTED.)</i>				
BUSINESS ADDRESS:	UNIT / CIVIC #:		CITY:	
	STREET NAME:		POSTAL CODE:	
PREFERRED MAILING ADDRESS: <i>(IF DIFFERENT FROM ABOVE)</i>	UNIT / CIVIC #:		CITY:	
	STREET NAME:		POSTAL CODE:	
CONTACT INFORMATION:	NAME(S):			
	BUSINESS:		FAX:	
	MOBILE:		HOME:	
EMERGENCY CONTACT(S): <i>(WITHIN 30 MINUTE RESPONSE TIME)</i>	E-MAIL:			
	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?	YES NO IF YES, EXPLAIN:	
WILL MERCHANDISE BE SOLD TO THE GENERAL PUBLIC? RETAIL, WHOLESALE, ONLINE SALES, ETC.	YES NO IF YES, EXPLAIN:	
WILL THERE BE MEMBERS OF THE PUBLIC ENTERING ONTO THE PREMISES?	YES NO IF YES, EXPLAIN:	
WILL YOU BE CONDUCTING RENOVATIONS, IMPROVEMENTS OR INSTALLING SIGNAGE?	YES NO IF YES, EXPLAIN:	
WILL YOU BE OPERATING A DAYCARE?	YES NO	# OF CHILDREN:
WILL THERE BE ADDITIONAL EMPLOYEES? <i>NOT INCLUDING BUSINESS AND/OR PROPERTY OWNER(S)</i>	YES NO IF YES, HOW MANY?	FULL TIME: PART TIME:

## 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(S)		DATE	
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# APPLICATION REVIEW - OFFICE USE ONLY

BL #:

## OTHER SUBMITTALS

BUSINESS OUTLINE		PARKING PLAN
SITE PLAN		FIRE SAFETY PLAN
FIRE DEPARTMENT PROPERTY REFERENCE FORM		FLOOR PLAN
HOME-BASED BUSINESS DECLARATION	ACCESSORY HOME OCCUPATION (AHO)	PROOF OF RESIDENCE
	ACCESSORY HOME INDUSTRIAL (AHI)	OTHER:
	COTTAGE INDUSTRY (CI)	

## BUSINESS LICENCE APPROVALS

DEPARTMENT	INSPECTOR	DATE	OTHER AGENCIES	INSPECTOR	DATE
PLANNING APPROVAL			RCMP		
MANAGER APPROVAL			FRASER HEALTH AUTHORITY		
BUILDING DEPARTMENT			ANIMAL CONTROL (FVRD)		
FIRE DEPARTMENT					
ENGINEERING DEPARTMENT					

## PLANNING REFERENCE

EXISTING ZONE:		BASE FEE:	
PROPOSED USE:	MOBILE	AREA FEE:	
PARKING COUNT:		TOTAL FEE:	
BP/DP/DVP/TUP:			
SPECIAL EVENT:			

## PLANNING COMMENTS



## Property Reference Information Form

This form must be updated every time there is change in the following information, please forward to [fpo@chilliwack.com](mailto:fpo@chilliwack.com)

Date:	
Civic Address:	
Building Name:	
Business:	
Business #:	
Business Email:	
<i>In the event of an emergency, these numbers may be called, in order. These contacts should, generally, be no more than 30 minutes away from the building.</i>	
1 <sup>st</sup> Contact Name:	
Title:	
Home #:	
Cell/Alt. #:	
Email:	
2 <sup>nd</sup> Contact Name:	
Title:	
Home #:	
Cell/Alt. #:	
Email:	
Building Owner/Rep	
Mailing Address:	
Email:	
Phone #:	
Additional Property Access Notes:	