

BUSINESS LICENCE APPLICATION – COMMERCIAL / INDUSTRIAL**PURPOSE OF APPLICATION:** NEW APPLICATION
 CHANGE OF OWNER CHANGE OF ADDRESS
 CHANGE OF BUSINESS NAME

* Denotes a Required Field

Trade Name of Business:*

Business Address:*

Postal Code:*

Mailing Address:*

Postal Code:*

Name of Business Owner:*

Business Phone:*

Cell:

Home Phone:*

E-mail:

Home Address of Business Owner:*

Type of Business:*

Emergency Contact 1

Name:*

Phone:*

Cell:

Emergency Contact 2

Name:*

Phone:*

Cell:

Name of Building Owner:*

Cell:

Building Owner Phone:*

Fax:

Building Owner Emergency Contact Name*:

Phone:*

I hereby make application for a licence in accordance with all the information as above stated and declare that this is a true and correct statement and I further agree to comply with all the relevant bylaws of THE CITY OF CHILLIWACK.

Date: _____

Signature: _____

Position: _____

Complete Where Applicable**For Office Use Only**

Gross Floor Area: _____

Trade Qualification Number:

No. of Employees: _____

S.I.C. Code: _____

No. of Units or Rooms: _____

Zoning: _____

Motor Dealer Licence: _____

Roll No: _____

BL# _____

Approvals	Inspector	Date
Municipal Development		
Manager of Development Planning		
Animal Control		
Building Department		
BYLAW		
Collection Agency – Provincial Licence		
Employment Standards Licence		
Environmental Department		
Fire Department		
Fire Arms licence		
Film Classification Branch Approval		
Food Vending Agreement		
Fraser Health Municipal Approval Form (daycare)		
FRVD Approval (Solid Waste Management Plan)		
Health Department		
Liquor licence		
Metal Recycling Registration		
Motor Carrier Licence		
Motor Dealers Licence		
Non-Tidal Angling Guide Licence		
Park Use Permit		
Passenger Transportation Certificate		
Private Training Institutions Branch (PTIB)		
Property Management Licence		
Private Investigators Provincial Licence		
RCMP		
Real Estate Brokerage Licence		
TUP PERMIT		
Tobacco Licence		
Travel Agency Certification		

Other Inspections:

Fee Calculation

Basic Fee: _____

Area of Unit Assessment: _____

Total: _____

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:
