



CITY OF CHILLIWACK

8550 Young Rd, Chilliwack, BC V2P 8A4
604-793-2909 or 604-792-9311 – FAX 604-793-2285 – e-mail blinfo@chilliwack.com

APPLICATION FOR INTER-MUNICIPAL BUSINESS LICENCE

Business Name: _____

City of Chilliwack Licence No: _____ Expiry Date: _____

Address: _____ Chilliwack, BC Postal Code: _____

Mailing Address: _____

I hereby make an application for an Inter-municipal Business Licence in accordance with the City of Chilliwack Bylaws. I agree to comply with all bylaws and laws now in force or which hereafter may come into force in the City of Chilliwack. Fees for this licence are payable at the time of application and understand that I cannot operate or open my business without first obtaining a valid business licence. I understand that payment of Business Licence application fee does not guarantee the issuance of a Licence. A Licence can only be issued once in compliance with all applicable bylaws and regulations. Once issued, the Licence is to be prominently displayed on my premises.

Participating Municipalities:

City of Abbotsford	City of Maple Ridge	City of Chilliwack
District of Mission	District of Hope	City of Pitt Meadows
City of Langley	Township of Langley	City of Surrey
Corporation of Delta	District of Kent	

**INTER-MUNICIPAL BUSINESS LICENCE FEE: \$250.00
(in addition to resident business licence)**

Name of Licencee: _____

Signature: _____ Date: _____