

## BUSINESS LICENCE APPLICATION FORM

**IMPORTANT:** This application form is for the purpose of attaining a Business Licence. This form must be completed entirely and submitted to the City of Fort St. John for approval prior to business operation. Incomplete forms will not be processed. Completion of this application does not guarantee an approval for a Business Licence. **Please review the City of Fort St. John Zoning and Business Licence Bylaws for further information.**

Type of Business	Fee	Floor Area m <sup>2</sup>	Number of Employees	Number of Off-Street Parking Spaces	Installing Signage?*	
<input type="checkbox"/> Regular Business Licence	\$150.00				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Inter-Community Business Licence	\$130.00				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Home-Based Business Licence	\$125.00				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Mobile Vendor Business Licence	\$125.00				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Secondary Suite Business Licence	\$75.00				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Temporary Business Licence (28 Days)	\$75.00				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Business Address Change <input type="checkbox"/> R <input type="checkbox"/> H <input type="checkbox"/> I	Variable				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Registered Non-Profit Organization	NO COST				<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*If YES, a sign permit may be required, please review the City of Fort St. John Sign Bylaw for more information

### PART A – BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Non-Profit Registration Number (If Applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_ Mailing Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Business Email: \_\_\_\_\_ Description of Business Activities: \_\_\_\_\_

Proposed Start Date or Effective Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy) Designated Zoning: \_\_\_\_\_

Will this business require tenant improvements?  Yes  No

Does your business require the storage of materials at the business address?  Yes  No

If YES, please describe the types of materials: \_\_\_\_\_

Are any of the materials listed above hazardous? \*\*  Yes  No

\*\* If YES, you should contact the Fire Department regarding property storage.

Does your business involve providing goods or services at a job site(s) away from the business address above (i.e. Carpet cleaning, home renovations, etc.)?  Yes  No

Do you use a vehicle(s) in the operation of your business?  Yes  No

If YES, how many? \_\_\_\_\_ Make and Model: \_\_\_\_\_ Approximate weight of vehicle(s): \_\_\_\_\_ kg.

**PART B – PROPERTY OWNERSHIP CONSENT**  
(Home-Based Business Licence Only)

List ownership information for the address that will contain business activities. **Please print clearly. If additional space is required, please attach a separate sheet).**

<u>Name (First and Last)</u>	<u>Address of Owner</u>	<u>City</u>	<u>Postal Code</u>	<u>Phone Number</u>
				( )
<u>Name (First and Last)</u>	<u>Address of Owner</u>	<u>City</u>	<u>Postal Code</u>	<u>Phone Number</u>
				( )

Building Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART C - APPLICANT'S DECLARATION**

Business licences are effective from January 1 until December 31 of each year. They are non-transferable. Any change to a business's operating location or ownership requires a new Business Licence Application be submitted for approval. For more information please review the City of Fort St. John's Business Licence Bylaw.

Any person contravening any provisions of the Business Licence Bylaw shall be guilty of an offence punishable under the provisions of the *Community Charter* section 264 of the *Offence Act* R.S.B.C. 1996, c338.

The information provided in this application is for the purpose of determining the applicant's eligibility for a Business Licence in the City of Fort St. John pursuant to Bylaw(s). In completing and signing this form, you have declared that all the information provided herein is correct and consent to the sharing of such information with all applicable City of Fort St. John departments and related agencies for the purpose of required inspections and approval of this Business Licence Application. The applicant declares that they have read and agree to comply with all stated regulations and bylaws enacted by the City of Fort St. John as well as all Provincial and Federal laws required.

Business Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Contact the Planning & Engineering Department for assistance if needed.**  
**Email:** businesslicences@fortstjohn.ca | **Phone:** (250)-787-8150

**PART D – OFFICE USE ONLY**

Department	Review (Signature)	Date	Comments	
Building Department				
Fire Department				
Fire Inspection required? <input type="checkbox"/> Yes <input type="checkbox"/> No			If NO:	<input type="checkbox"/> No change of occupancy <input type="checkbox"/> Not vacant over 6 months
Northern Health Authority				
Planning			Zoning:	Permitted Uses:
<b>FINAL APPROVAL (Licence Inspector)</b>				
Building Inspection Time/Date:		Fire Department Inspection Time/Date:		
Date Approved:		Business Licence Number:		
Licence Fee:		Date Received:		
<b>COMMENTS/CONDITIONS OF APPROVAL</b>				
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Inspector Name: \_\_\_\_\_ Inspector Signature \_\_\_\_\_

Date: \_\_\_\_\_