

SCHEDULE "C"
VILLAGE OF CLINTON - APPLICATION FOR BUSINESS LICENCE

Please Print

DAY _____ MONTH _____ YEAR _____

OWNER/REGISTERED CO. NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS (REQUIRED) _____

MAILING ADDRESS _____ OR SAME AS ABOVE

POSTAL CODE _____ CONTACT NAME _____

PHONE [BUS] _____ [HOME] _____ EMAIL _____

TYPE OF BUSINESS TO BE CONDUCTED _____

- Proprietorship
- Partnership
- Registered Company
- Registered Society

IS ANY CONSTRUCTION AND/OR RENOVATION TAKING PLACE OR PLANNED? YES NO WILL YOU HAVE A SIGN? YES NO

TYPE OF CONSTRUCTION OR RENOVATION _____

PREVIOUS USE OF SPACE _____ OPENING DATE _____

Please complete the following where applicable:

1. TOTAL FLOOR AREA _____
2. TOTAL VEHICLES _____
3. RENTAL UNITS _____
4. HOME OCCUPATION YES NO (PRINCIPLE RESIDENCE? YES NO)
5. TOTAL PERSONS EMPLOYED _____
6. BUSINESS EMAIL _____

I, WE _____ hereby make application for a licence in accordance with the particulars as above stated and declare the above statement is true and correct and I undertake that if I am granted the licence applied for I will comply with each and every obligation contained in all laws and bylaws now in force or which may hereafter come into force in the Village of Clinton

I further understand that if this application involves the use of premises for business purposes that they may not be occupied until they have been inspected by the Village Departments concerned and a licence issued. I also understand that the payment of the Business Licence fee in advance does not guarantee approval and business may not commence without a Business Licence being issued. IF A HOME-BASED BUSINESS: I have received and will comply with the Home-Based Business Zoning Regulations.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement. The personal information is collected under the guidelines of FOIPPA.

[SIGNATURE]

OFFICE USE ONLY		TYPE OF APPLICATION			
NEW <input type="checkbox"/>	CHANGE OF OWNER <input type="checkbox"/>	CHANGE OF NAME <input type="checkbox"/>	CHANGE OF LOCATION <input type="checkbox"/>	OTHER	
MEMO					
CLASSIFICATION _____					FEE \$ _____
REFERRALS	OUT	INSPECTION DATE	RETURNED	STATUS	INITIAL
PLANNING (ZONING)					
BUILDING					
FIRE					
HEALTH					
COMMENTS _____					LICENCE ISSUED <input type="checkbox"/>
APPROVED THIS _____ DAY OF _____, 20____			BUSINESS LICENCE NO. _____		
BUSINESS LICENCE INSPECTOR, VILLAGE OF CLINTON			<p>MAILING ADDRESS</p> <p>PO BOX 309, 1423 CARIBOO HWY. CLINTON, BC V0K 1K0</p> <p>PHONE 250-459-2261 FAX 250-459-2227</p> <p>OR EMAIL: admin@village.clinton.bc.ca</p>		