

BUSINESS LICENCE APPLICATION

The Corporation of the District of Summerland
Box 159, 13211 Henry Avenue, Summerland, BC V0H 1Z0
Telephone: (250) 494-6451 Fax: (250) 494-1415

TYPE OF APPLICATION (check all that apply) If Change of Ownership, previous business info:
 New Business Change of Ownership Non-profit MOBILE LICENCE (\$150 additional fee)

BUSINESS INFORMATION
Name of Business: _____
Nature of Business: _____
Business Location (Civic): _____
Mailing Address/Postal Code: _____
Business Phone: _____ Business Fax: _____ Email: _____
Business Start Date: _____
Are you renovating or altering the business premises? No Yes (building permit may be required)

OWNER INFORMATION
Name: _____
Mailing Address: _____
Phone No.: _____ Cell Phone: _____ Email: _____

HOME OCCUPATION (Complete only if applicable)
Type of home occupation: On-Site Off-Site
Number of persons employed (including you): _____

I/we understand that it is illegal to carry on business within the District of Summerland until a Business Licence is approved and fees are paid and failure to do so could result in penalties. I also understand that payment of the Business Licence fee in advance does not guarantee approval. This information collected is for the purposes of processing this application and for administration and enforcement. The information is collected under the authority of the Municipal Act, Section 526 and the District's bylaw. If approved, I/we agree to abide by the bylaws of the Municipality and the laws of the Province of British Columbia and the Government of Canada. By submitting the Business Licence Application, the applicant hereby declares that all of the above information is correct.
With a Mobile Licence I understand that I/we must comply with the bylaws in every municipality.
By purchasing a Business Licence, you are automatically a member of the Summerland Chamber of Economic Development and Tourism (SCEDT). If you prefer NOT to have information released to SCEDT, please advise: No, I/we do not consent to the release of information to SCEDT.

Signature of Applicant Print Name of Applicant Telephone Date

OFFICE USE ONLY

License No. _____ Code _____ Fee _____
Paying with Debit Card/Cash Pickup or Mail Date Fee Received _____
Mobile Licence input _____

APPROVALS REQUIRED: Faxed

Building/Planning _____ Date Approved _____ Comments: _____
 Fire _____ Date Approved _____ Comments: _____
 Interior Health _____ Date Approved _____ Comments: _____

Other/Comments: _____

Approved

Declined Business Licence Inspector Date