



**DISTRICT OF TUMBLER RIDGE
BUSINESS LICENCE BYLAW NO. 644, 2017**

BUSINESS LICENCE APPLICATION

LICENCE NO. _____

New Renew Transfer Change

General Information	
Name of Business:	Street Address:
Name of Licensee:	Mailing Address:
Description of Business:	Fax:
	Phone:
Licensee Email Address:	Licensee/After Hours Phone:
Website Address:	Number of Employees:

Charitable Society <input type="checkbox"/>	Non-Profit <input type="checkbox"/>	Registration Number:
---	-------------------------------------	----------------------

Property Owner Information	
Name of Owner(s):	Phone Number:
Mailing Address:	Fax:

Business Classification & Fee			
<input type="checkbox"/> Commercial Business	\$150.00	<input type="checkbox"/> Industrial Business	\$200.00
<input type="checkbox"/> Community Market	\$ 50.00	<input type="checkbox"/> Non-Resident Business	\$100.00
<input type="checkbox"/> Home Occupation	\$ 50.00	<input type="checkbox"/> Special Event	\$ 50.00
<input type="checkbox"/> Home Occupation – Contractor	\$150.00	<input type="checkbox"/> Temporary Licence	\$ 50.00

<input type="checkbox"/> Non-Profit or Charitable Organization	No fee
--	--------

Licence expiry: _____

Type of Premise:	<input type="checkbox"/> New	<input type="checkbox"/> Existing	Building Size:
Renovations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Square Feet Used:

Names and Address of Principals of Business
1.
2.

I/We _____ hereby apply for a District of Tumbler Ridge Business Licence as herein before outline and declare that all statements made in the application are true and correct. I/We further agree that should the licence applied for herein be granted, that I/we will abide by all District bylaws.

I have received a copy of the Tumbler Ridge Business Licence bylaw.

Signature of Applicant _____ Date: _____

Licence Issuance	
Business Licence #:	Business Classification:
Licence Fee:	Payment Received:

Licence Inspector:	Health:	Fire Chief:	Building Inspector:
--------------------	---------	-------------	---------------------

Authorized by: _____ Date: _____