



## BUSINESS LICENSE APPLICATION

**Application Type:**  New License  Non-Resident  Auxiliary License  Change of Owner or Address

### BUSINESS INFORMATION:

Business Name: \_\_\_\_\_

Business Location Address : \_\_\_\_\_

Mailing Address (including postal code), if different from business location: \_\_\_\_\_

Name of Business Owner(s) or Licensee(s): \_\_\_\_\_

Business Owner Mailing Address: \_\_\_\_\_

Business/ Owner Phone: \_\_\_\_\_ fax: \_\_\_\_\_

Email: \_\_\_\_\_

### PROPERTY OWNER INFORMATION:

Name of Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Property Tax Roll/Folio #: 478- \_\_\_\_\_

## GENERAL INFORMATION

### To be completed for all Business License Applications

**(Applications for a STR / B&B Business License must complete the STR / B&B Checklist instead of this section)**

Description of business to be conducted: \_\_\_\_\_

Does your business conform to the Zoning Bylaw?  Yes  No

Size of premises to be occupied: \_\_\_\_\_ (m<sup>2</sup>/ft<sup>2</sup>)

Previous use of space: \_\_\_\_\_

Does your business have off-street parking?  Yes  No (if yes, number of stalls: \_\_\_\_\_)

Is your business a Home Based Business (HBB)?  Yes  No (if yes, read & sign Zoning Bylaw excerpt S.2.1)

For HBB, will clients be coming to your home?  Yes  No (if yes, inspection required)

Is your business a Mobile Restaurant or Vendor?  Yes  No (if yes, read & sign Business License Bylaw excerpt )

Is your business a Mobile Restaurant, Itinerant Show or Entertainment?  
 Yes  No (if yes, submit copy of insurance policy)

Will you be installing or changing signs?  Yes  No (if yes, complete a Sign Permit application)

Will you be erecting a sandwich board sign, sidewalk seating, or display/sales?  
 Yes  No (if yes, Highway License of Occupation required)

Would you like to purchase a Tree Sign on Main Street (optional for businesses located in the downtown)?  
 Yes  No (if yes, pay one-time fee)

## AUTHORIZATION

I hereby make application for a business license in accordance with the above-stated information and declare that the statements are true and correct. I agree, if granted a license, to comply with all relevant bylaws now in force or which may come into force in the Town of Smithers.

**Signature of Applicant:** \_\_\_\_\_

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

**TOWN OF SMITHERS  
FOR OFFICIAL USE ONLY**

VERIFICATIONS

Property Zoning: \_\_\_\_\_

Use Permitted?  Yes: \_\_\_\_\_

No: \_\_\_\_\_

APPROVALS

	<b>APPROVAL REQUIRED</b>		<b>APPROVAL RECEIVED</b>	
Building Inspector	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Dept. <i>(theatre, service station)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor Licensing & Control Board <i>(liquor outlet)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provincial Health Inspector <i>(restaurant/food)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal records check <i>(escort agency/service)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Insurance Policy <i>(itinerant show/entertainment, mobile restaurant)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Owner Consent <i>(mobile vendor/restaurant)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LICENSE ISSUANCE

Business License #: \_\_\_\_\_

Business Classification: \_\_\_\_\_

Billing Class #: \_\_\_\_\_

License Fee: \_\_\_\_\_

Payment Received: \_\_\_\_\_

**APPROVED:** \_\_\_\_\_  
**License Inspector**

\_\_\_\_\_  
**Date**