



University Endowment Lands
5495 Chancellor Boulevard
Vancouver, BC V6B 1E2
(604) 660-1810

BUSINESS LICENCE APPLICATION

Date: _____ [] New [] Transfer [] Other

Business Address: _____ Tel: _____
(Including Postal Code)

Alternate Mailing Address: _____ Tel: _____
(Only if Different from Above)

Type of Business: _____

Describe in detail the nature of your business and the intended use of the premises: _____

Home Address: _____ Tel: _____

Business Owner(s): (Print name)

- 1. _____ 3. _____
2. _____ 4. _____

Incorporated Or Limited Company Name: (A copy of the certificate is required to process the Application)

Doing Business As / Business Trade Name:

COMPLETE THE FOLLOWING INFORMATION

Anticipated Start Date: _____ Number of Employees: _____

If Business is a Restaurant or Food Establishment: Number of Seats: _____ Outdoor Seats: [] Yes [] No

If Business is for Apartment or Multiple Dwelling Rentals: Number of Units: _____

APPLICANT STATEMENT

I/We the undersigned confirm as the business owner(s) or the agent for the owner(s) that the above noted information is correct and agree to comply with ALL relevant provisions of the University Endowment Lands bylaws and other applicable laws. It is also understood that the business owner(s) is / are responsible for the overall management of the business including staff while representing the owner's business. Failure to meet these obligations may result in the business license being suspended.

Signature _____ Print Name _____ Date _____
Signature _____ Print Name _____ Date _____

REQUIRED INSPECTIONS & APPROVALS:

The application cannot be processed without the following approvals: (Not required for license renewal)

Health Inspector - Vancouver Coastal Health Authority: [] Approved [] Not Approved [] N/A
Tel: (604) 675-3800 ext 53822
Health Inspector's Signature _____ Date _____

Fire Inspector - Vancouver Fire Department: [] Approved [] Not Approved [] N/A
Tel: (604) 665-6068
Fire Inspector's Signature _____ Date _____

Building Inspector - University Endowment Lands: [] Approved [] Not Approved
Tel: (604) 660-1810
Building Inspector's Signature _____ Date _____

FOR OFFICE USE ONLY: Fee: \$ _____ Invoice # _____
Approved By: _____ Business Licence #: _____
Manager