



UNIVERSITY ENDOWMENT LANDS BUSINESS LICENCE APPLICATION

New Transfer Other: _____

Business Type: Sole Proprietor Partnership Company Other: _____

Registered Company Name: _____

A copy of the Certificate of Incorporation and Notice of Articles is required to process the application

Operating Name (Doing Business As): _____

Business Owner(s): *Print name(s)*

The Owner's government-issued photo ID is required for verification purposes

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

Business Address: _____

Phone: _____ E-mail: _____

Main Contact Person: _____ Position: _____

Home Address: _____

Phone: _____ E-mail: _____

Business Activities (*In detail*): _____

Total Square Meters of Premises: _____ m² Number of Employees: _____

If Business is a Restaurant or Food Establishment: Number of Indoor Seats: _____ Number of Outdoor Seats: _____

Does the business serve alcohol? Yes No

If Business is an Apartment or is for 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.

Owner/Agent Signature

Print Name

Date

Owner/Agent Signature

Print Name

Date

IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN APPROVAL FROM ALL DEPARTMENTS AS INDICATED BELOW BEFORE APPLYING FOR THE BUSINESS LICENCE.

Land Use Permitted: *Yes, Outright* *Yes, Conditional Approval Use - DP# _____*

Development Permit: *Approved – DP# _____* *Not Approved* *N/A*

University Endowment Lands

Ph: (604) 660-1808

Comments: _____

Planning Technician's Signature _____ Date _____

Health Inspection: *Approved* *Not Approved* *N/A*

Vancouver Coastal Health Authority

Ph: (604) 675-3800

Comments: _____

Health Inspector's Signature _____ Date _____

Fire Inspection: *Approved* *Not Approved*

Vancouver Fire Rescue Services

Ph: (604)-654-0648

Comments: _____

Fire Inspector's Signature _____ Date _____

Building Permit: *Approved – BP# _____* *Not Approved* *N/A*

Building Inspection: *Approved* *Not Approved*

University Endowment Lands

Ph: (604) 660-1808

Comments: _____

Building Inspector's Signature _____ Date _____

OFFICE USE ONLY:

CLASSIFICATION UNDER BYLAW: _____ FEE: \$ _____

APPROVED BY: _____ DATE: _____ BUSINESS LICENCE #: _____

Manager of Finance and Administration