



BUSINESS LICENCE APPLICATION

[] New [] Transfer [] Other: _____

Incorporated or Limited Company Name: _____
A copy of the Certificate of Incorporation and Notice of Articles is required to process the application

Doing Business As (Operating Name): _____

Business Owner(s): Print name(s)
The Owner's government-issued photo ID is required for verification purposes

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

Business Address: _____
(including postal code)

Phone: _____ E-mail: _____

Mailing Address: _____
(only if different from above)

Main Contact Person: _____ Position: _____

Phone: _____ E-mail: _____

Type of Business: _____

Nature of Business, Intended Use of Premises: In detail _____

Total Square Metres of Premises: _____ m^2 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 _____

THIS APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING APPROVALS:

REQUIRED INSPECTIONS & APPROVALS:

It is the applicant's responsibility to arrange for inspections and obtain approval from the agencies/departments as indicated.

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 / E-mail: frd3c@vancouver.ca

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 _____

FOR OFFICE USE ONLY:

BUSINESS LICENCE #: _____

CLASSIFICATION UNDER BYLAW: _____

FEE: \$ _____

APPROVED BY: _____ DATE: _____