



## BUSINESS LICENCE APPLICATION

The information gathered on this form will be used to administer Municipal bylaws, is collected under the authority of the *Local Government Act* and the Business Licence Bylaw, and may be released to other parties upon request. If you have a business premises, this application must be made to the Municipality in which your premises is located. If you have any questions about this application, please contact 250.245.6414 ext 6210 or [bl@ladysmith.ca](mailto:bl@ladysmith.ca).

Business Information:			
Name:			
Street Address:			
Mailing Address:			
Email:			Postal Code:
Phone:		Fax:	
Type of Business: If residential, provide a complete description of what you intend to do, including specifically, where you will be conducting the business and approximately how much square footage the business will occupy.			
Commercial:	Yes	No	Square Footage of area:
			If restaurant/cafe/pub: Number of seats:
Residential:	Yes	No	Approximate Number of Employees:
Type of Licence:			
<input type="checkbox"/>	Ladysmith \$100.00 - Inter- Municipal (includes Duncan, North Cowichan and Lake Cowichan) (\$50.00 after July 1)		
<input type="checkbox"/>	Inter-Community (see below) Additional \$170.00		
I/We hereby make application for an Inter-Community business licence in accordance with "Town of Ladysmith Inter-Community Business Licence Bylaw 2013, No. 1839". I/We undertake to comply with the Bylaws of the Town of Ladysmith and other municipalities now in force or which may hereafter come into force. I also understand, payment of the Business Licence fee in advance does not guarantee approval of the licence. Note: Licence fees apply to a calendar year January 1st to December 31st and are not refundable.			
Owner/ Manager Contact Information:			
Name (Print):			Phone:
Address:			Postal Code:

I agree that I will comply with all applicable bylaws, statutes and regulations relating to this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# OFFICE USE ONLY

Planning Department	
What is the current zoning of the place of business?	
Is the business a permitted use under the zoning bylaws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Date (YY/MM/DD):	Signature of Planner:

Building Department	
Does the building meet requirements for this type of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you recommend inspection by the Public Health Inspector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Date (YY/MM/DD):	Signature of Building Inspector:

Public Health Inspector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RCMP	<input type="checkbox"/> Yes	<input type="checkbox"/> No