TOWN OF LADYSMITH







BUSINESS LICENCE NAME /ADDRESS CHANGE

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@ladvsmith.ca.

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Business Inform	nation:								
Name	New:								
	Previous:								
Street Address	New:								
	Previous:								
Mailing Address	New: Postal Code:								
	Previous:								
Business Phone	usiness Phone: Business Fax: Business Email:				Business Email:				
			-	-		nt you intend to do, includingspecifically, ich square footage the business will			
Commercial:	Yes	No	Squai	re Footage of area:	ge of area: If restaurant/café/pub: Number of seats:				
Residential:	Yes	No Approximate Number of Employees:							
Type of Licence	e:								
Inter- Co Additior I/We hereby mak Community Busir and other municij	ommuni nal \$170 e applica ness Lice palities n	ty (see 0.00 ation fo nce Byl low in fo es not g	below r an Int aw 201 orce or uarant	er-Community business licence .3, No. 1839". I/We undertake t which may hereafter come into	in acco	owichan) ordance with "Town of Ladysmith Inter- ply with the Bylaws of the Town of Ladysmith I also understand, payment of the Business ce fees apply to a calendar year January 1 st to			
Owner/ Manag				on:					
Name (Print):			Phone:						
Address:						Postal Code:			
I agree that I wi application. Signature:	ill comp	ly with	all app	olicable bylaws, statutes and Date:	regula	ations relating to this			

Cowichan



OFFICE USE ONLY

Date: _

Address:			
Planning Department			
What is the current zoning of the place of business?			
Is the business a permitted <i>Principal/Accessory</i> Use in the Zoning Bylaw?	Yes	No	
Does the business meet relevant regulations in the Zoning Bylaw?	Yes	No	
Comments:			

Date (YY/MM/DD): Name of Planner: Recommended Approval?:

Building Department			
Does the building meet code requirements for this type of business?	Yes	No	N/A
Has the Fire Department been consulted? (Fire Code, FSP, NFPA 96)	Yes	No	N/A
Is a Building Permit required?	Yes	No	N/A
Comments:			

Date (YY/MM/DD): Name of Building Inspector: Recommended Approval?:

The applicant is advised to contact any relevant regulatory authorities, which may include:

Public Health Inspector and other Healthcare: Education and Social Services:

RCMP: WorkSafe BC:

Liquor and Cannabis Regulation Branch: Environmental Protection Ministries:

Ministry of Transportation and Transit: Other:

Questions? We're here to help! Contact: ds@ladysmith.ca or 250.245.6415

The personal information on this form is collected under the general authority of the Community Charter and Freedom of Information & Protection of Privacy Act (FOIPPA) and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected or for a use consistent with that purpose. If you have any questions about the use and collection of this information, contact the Corporate Officer at 250.245.6417 or foi@ladysmith.ca.