



## 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@ladysmith.ca.

Business Information:			
Name	New:		
	Previous:		
Street Address	New:		
	Previous:		
Mailing Address	New:		Postal Code:
	Previous:		
Business Phone:		Business Fax:	Business Email:
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/café/pub: Number of seats:
Residential:	Yes	No	Approximate Number of Employees:
Type of Licence:			
Inter- Municipal (includes Duncan, North Cowichan and Lake Cowichan)			
Inter- Community (see below) Additional \$170.00	City of Campbell River City of Parksville Town of Comox	City of Courtenay City of Port Alberni Town of Ladysmith	Town of Qualicum Beach City of Nanaimo District of Lantzville Village of Cumberland
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. Not: Licence fees apply to a calendar year January 1 <sup>st</sup> to December 31 <sup>st</sup> 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:	
<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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