



NEW WESTMINSTER

BUSINESS LICENSE APPLICATION – NON RESIDENT BUSINESS

License Holder:		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited or Corporation
Trade or Operating Name:		
Business Address:		Postal Code:
Business Telephone: () -		Fax/Cell No: () -
Number of Employees:		Proposed Start Date:
Have you ever held a business license in the City of New Westminster?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, When: Where:
Full Description of Business Activity:		

Licensee Information

Licensee's Name (in full):		Birth Date:
Address:		Postal Code:
Home Tel:	Fax/Cell No:	Driver's License:

Partnership Information (if applicable)

Partner's Name (in full):		
Partner's Address:		Postal Code:
Home Tel:	Fax/Cell No:	Driver's License:

OFFICE USE ONLY:

Class Number:	Business License No:
Sub Class Number:	Business License Fee: \$
Classification:	

I hereby make application for a business license in accordance with all the information as above stated and declare that this is a true and correct statement and further agree to comply with all the relevant bylaws of the CORPORATION OF THE CITY OF NEW WESTMINSTER.

Personal information contained on this form is collected under the Municipal Act and will be used only for the purpose indicated.

Submitted by: Name _____ Date _____

Signature _____