



NEW WESTMINSTER

BUSINESS LICENSE APPLICATION – RENTAL PROPERTIES

License Holder:					
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input type="checkbox"/> Limited or Corporation	
Building Name:					
Building Address:				Postal Code:	
Business Phone No: () -				Fax/Cell No: () -	
Mailing Address (If different from above):					
Proposed Start Date:			Email address:		
Building Manager's Name:				Phone No:	
Have you ever held a business license in the City of New Westminster?			Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what location?
<i>Type of Rental Property</i>					
<input type="checkbox"/> Multi-Unit Dwelling		<input type="checkbox"/> Single Detached Dwelling		<input type="checkbox"/> Rooming house	
				<input type="checkbox"/> Hotel	
Type Of Units	Sleeping Rooms	Bachelor	1 Bdrm	2 Bdrm	3 Bdrm
No. of Units					
Certified – Crime Free Multi-housing Program			Yes <input type="checkbox"/> No <input type="checkbox"/>		

Licensee Information

Licensee's Name (in full):			Birth Date:		
Address:			Postal Code:		
Telephone:		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:	

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 _____