



NEW WESTMINSTER

BUSINESS LICENSE APPLICATION – HOME BASED 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: () -	
E-Mail Address:		
Mailing Address (if different from above):		
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, what location?
Full Description of Business Activity:		

If required, please provide attachment

Licensee Information

Licensee 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:

Category Code:	Business License No:
Detail Code:	Business License Fee: \$
Type of Business:	
Information Confirmed By:	

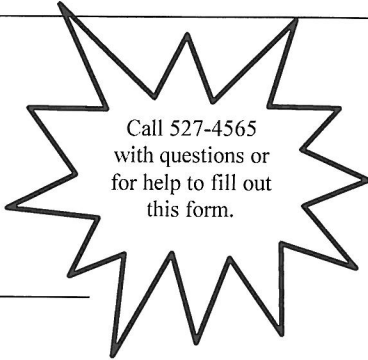
I hereby make application for a business license in accordance with all the information as above stated and declare that this is a true and correct statement and further agree to comply with all the relevant bylaws of the CORPORATION OF THE CITY OF NEW WESTMINSTER.

Submitted by: Name _____ Date _____

Signature _____

Home Based Business Questionnaire Form

- Thinking about renovating your home to accommodate the business? Call the Building and Development Division (527-4580)
- Will your business involve food? Discuss this with an Environmental Health Officer (525-3661)
- Questions about how the noise bylaw will affect your business? Call Strategic Services (527-4566)



Call 527-4565
with questions or
for help to fill out
this form.

Please check the box if:

- the home based business will be in a house containing a secondary suite
- the home based business will be in a secondary suite
- there are any other home based businesses already in the home

Are there any people who will work in the home base business who do not live there? If so, how many?

How many parking spaces will the home based business use on the site (e.g. in a garage or driveway)? _____

How many parking spaces will the home based business use on the street nearby? _____

If the home based business will be in a rented unit or unit you do not own, please initial here to indicate that the owner or building manager has approved of your business:

_____ initial

If the home based business will be in a condominium or townhouse with a strata corporation, please initial here to indicate that the strata corporation has approved of your business:

_____ initial

How many customer or client visits to the home based business will there be? Please check one.

- none
- between 1 and 2 per day (e.g. 30 to 60 per month)
- not more than 1 per day (e.g. less than 30 per month)
- more than 2 per day (e.g. more than 60 per month)

How many business-related trips will people working in the business make from the home based business? Please check one.

- none
- between 1 and 2 per day (e.g. 30 to 60 per month)
- not more than 1 per day (e.g. less than 30 per month)
- more than 2 per day (e.g. more than 60 per month)

What equipment will the home based business use or store at the home?

