



NEW WESTMINSTER

BUSINESS LICENSE APPLICATION – COMMERCIAL PREMISES

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:
Mailing Address (if different from above)		
Business Telephone: () -	Business Fax No: () -	
Cell Phone: () -	Email Address:	
Are Any Renovations Planned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details in description below:
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?
Are you sharing space with an other business at this location: (if yes, who)		
Full Description of Business Activity:		

If required, please provide attachment

Licensee Information

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

Partnership Information (if applicable)

Partner's Name (in full):		
Partner's Address:		Postal Code:
Home Tel:	Fax 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.

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 _____
 Position with business _____
 Signature _____