



NEW WESTMINSTER

BUSINESS LICENSE APPLICATION – OUT OF TOWN 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: () -	
Email Address:		
Have you ever held a business license in the City of New Westminster	Yes ____ No ____	If yes, when?
Number of Employees On Site:	Proposed Start Date:	
Full Description of Business Activity:		

License Holder Information

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):	Birth Date:
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:	

Submitted by: Name _____ Date _____

Signature _____