

BUSINESS LICENSE APPLICATION – OUT OF TOWN BUSINESS
Business Information

License Holder: <i>Please ensure name of License Holder is filled out here</i>		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited or Corporation
Trade or Operating Name:		
Address & City:		Postal Code:
Email Address:		
Have you ever held a business license in City of New Westminster?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?
Business Telephone: () -	Fax/Cell No: () -	
Number of Employees On Site:	Proposed Start Date:	
Trade Qualification No. (if applicable)		
Full Description of Business Activity:		

Licensee Information (Personal Information)

Licensee's Name (in full):	Birth Date:
Home 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:

Account No:	Business License No:
NAICS 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 Freedom of Information and Protection of Privacy Act, Sec. 26 (c) and will be used only for the purpose indicated. Business information will be shared with the public via the City's open data and upon request. If you have any questions regarding this information contact Legislative Services 604-527-4523.

Submitted by: Name _____ Date _____

Signature _____