



# NEW WESTMINSTER

## BUSINESS LICENSE APPLICATION – COMMERCIAL PREMISES

### Business Information

<b>License Holder:</b> <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:		
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 Westminister?	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)		
<b>Full Description of Business Activity:</b>		

If required, please provide attachment

### Licensee Information (Personal 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:

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. To process your application this form will be forwarded to multiple City departments for approval and possibly the New Westminister Police Department and Fraser Health for review.

*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 \_\_\_\_\_