

BUSINESS LICENSE APPLICATION – RENTAL PROPERTIES
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	
Building Name:					
Building Address:				Postal Code:	
Business Phone No: () -				Fax/Cell No: () -	
Mailing Address (If different from above):					
Purposed Start Date:			Email address:		
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?
<input type="checkbox"/> Multi-Unit Dwelling		<input type="checkbox"/> Single Detached Dwelling		<input type="checkbox"/> Hotel	
Building Manager:					
Type Of Units	Sleeping Rooms	Bachelor	1 Bdrm	2 Bdrm	3 Bdrm
No. of Units					
Certified – Crime Free Multi-housing Program Yes <input type="checkbox"/> No <input type="checkbox"/>					

Licensee Information (Personal Information)

Licensee's Name (in full):		Birth Date:	
Address:		Postal Code:	
Telephone:	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. To process your application this form will be forwarded to multiple City departments for approval and possibly the New Westminster 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 _____