



BUSINESS LICENSE APPLICATION – CHILD CARE FACILITY
Business Information

License Holder: <i>Please ensure name of License Holder is filled out here</i>	
Name of Facility:	
Facility Address:	
Mailing Address (if different from above)	
Business Telephone: () -	Home Phone: () -
Cell Phone No: () -	
Email Address:	
Number of Employees:	Proposed Start Date:
Number of Children at this Facility:	
Child Care Facilities:	
	<input type="checkbox"/>
Child Care (9 or more children)	<input type="checkbox"/>
Child Care (8 or less children)	<input type="checkbox"/>
Other	
Have you consulted a Licensing Officer at the Fraser Health Authority? Please provide Name of Licensing Officer:	
Additional Information required (attach to application):	
a) Fire Safety Plan	
b) Building Site Plan	

OFFICE USE ONLY:	
Account No:	Business License No:
NAICS code:	
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 _____