



NEW WESTMINSTER

BUSINESS LICENSE APPLICATION – OUT OF TOWN BUSINESS

Business Information

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:
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

Licensee's 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):		
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 _____

511 Royal Avenue New Westminster BC V3L 1H9 Tel: (604) 527-4565 Fax: (604) 515-3757

Email: businesslicences@newwestcity.ca