

LICENCE HOLDER INFORMATION		
Licence Holder (please enter name):		
Name of Facility:		
Facility Address:	City:	Postal Code:
Mailing Address (if different from above):		
Business Telephone:	Cell Phone:	
Email Address:		
Number of Employees (include yourself):	Proposed Start Date:	
Number of Children/Adults at this Facility:		
Have you consulted a Licensing Officer at the Fraser Health Authority? Please provide Name of Licensing Officer:		

CARE FACILITIES:					
	Child Care (8 or less children)		Adult Care (Non-Profit)		Other
	Child Care (9 or more children)		Adult Care (Private)		

LICENSEE INFORMATION (PERSONAL INFORMATION)		
Licensee's Name (in full)		
Address:	City:	Postal Code:
Home Tel:	Fax:	Driver's License:

ADDITIONAL INFORMATION REQUIRED (ATTACH TO APPLICATION):	
a) Fire Safety Plan	b) Building Site Plan

OFFICE USE ONLY:	
Account No:	Business Licence No:
NAICS code:	
Type of Business:	Information Confirmed By:

I hereby make application for a business licence 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: _____