

LICENCE HOLDER INFORMATION		
Licence Holder (please enter name):		
Sole Proprietor Partnership Limited or Corporation	Additional Information Required (Attach to Application) If your business is a Partnership, Limited or Corporation, please submit the applicable documents: a) Certificate of Incorporation b) Notice of Articles c) Partnership Agreement	
Trade or Operating Name:		
Business Address:	City:	Postal Code:
Mailing Address (if different from above):		
Business Telephone:	Cell Phone:	
Email Address:		
Number of Employees (include yourself):	Proposed Start Date:	
Full Description of Business Activity (if required, please provide attachment):		

Are Any Renovations Planned?	Yes No	If yes, please provide details:
Have you ever held a business license in the City of New Westminister?	Yes No	If yes, what location?
Are you sharing space with another business at this location?	Yes No	If yes, who?
Does your business require professional certification?	Yes No	If yes, please attach certification
I confirm that I have the consent of all property owners on this application.	Yes	

LICENSEE INFORMATION (PERSONAL INFORMATION)		
Licensee's Name (in full):		
Address:	City:	Postal Code:
Email:	Home Tel:	Cell Phone:

ADDITIONAL CONTACT INFORMATION (IF APPLICABLE)		
Name (in full)		
Address:	City:	Postal Code:
Email:	Home Tel:	Cell Phone:

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 _____ Signature: _____ Date: _____