

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	
Building Name:		
Building Address:	City:	Postal Code:
Business Telephone:	Cell No:	
Mailing Address (if different from above):		
Email Address:	Proposed Start Date:	

Have you ever held a business license in the City of New Westminster?	Yes No	If yes, what location?
Certified – Crime Free Multi-Housing Program	Yes No	If yes, please attach certification

Type of Building	Multi-Unit Dwelling Single Detached Dwelling Hotel	Building Manager Name:
------------------	--	------------------------

Type of Units	Single Room	Bachelor	1 Bedroom	2 Bedroom	3 Bedroom
# of Units					

LICENSEE INFORMATION (PERSONAL INFORMATION)

Licensee's Name (in full):	Birth Date:
Address:	Postal Code:
Telephone:	Fax/Cell No: Driver's Licence:

ADDITIONAL CONTACT INFORMATION (IF APPLICABLE)

Partner's Name (in full):		
Partner's Address:	Postal Code:	
Home Tel:	Fax/Cell No:	Driver's Licence:

OFFICE USE ONLY:

Account No:	Business Licence No:
NAICS Code:	Business Licence Fee: \$
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 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 _____