NEW WESTMINSTER

BUSINESS LICENCE APPLICATION
NON-RESIDENT - OUT OF TOWN BUSINESS

LICENCE HOLDER INFORMATION		
Licence Holder (please enter name):		
☐ Sole Proprietor	☐ Partnership	☐ Limited or Corporation
Trade or Operating Name:		
Address:	City:	Postal Code:
Business Telephone:	Cell Phone:	
Email Address:		
Number of Employees on Site (include yourself):		
Proposed Start Date:		
Does your business require professional certification?	Yes ☐ No ☐	If yes, please attach certification
Full Description of Business Activity *(if required, please provide attachment):*		

LICENSEE INFORMATION (PERSONAL INFORMATION)		
Licensee's 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 _____ **Date:** _____

Signature: _____

Corporation of the City of New Westminster
511 Royal Avenue, New Westminster, BC V3L 1H9
✉ businesslicences@newwestcity.ca
✆ 604-527-4565