



LICENCE OFFICE
 4949 Canada Way, Burnaby, BC V5G 1M2
 Phone 604-294-7320 Fax 604-294-7163
 licence@burnaby.ca

Business Licence Application

Date _____

1. Location of Business _____

2. Licencee _____

3. Opening Date: _____ Days/Hours of Operation: _____

4. Mailing Address: Unit# _____ Street # _____
 City _____ Postal Code: _____

5. Tel Number: Bus: _____ Emerg.: _____ Cell: _____ Fax: _____

6. Email: _____

7. Contact Name: _____ Title: _____ Phone: _____

8. Trade Name: _____

9. Organization Type: Sole Proprietor Partnership Company Not for Profit

10. Type of Business (description): _____

11. Class Description: _____ Units _____ # of Empl's _____

12. Certification #s (if applicable): _____

13. Conditions: _____

Home Based Business: No stock, storage or non-residing employees permitted _____

14. Are you relocating a current business in Burnaby? _____ Account Number _____

I/We hereby apply for a licence in accordance with the particulars as stated above and declare that they are true and correct. I/We undertake that if granted the licence applied for, I/we will comply with all laws and Burnaby City Bylaws currently in force, or which hereafter come into force.

NOTE: This application will not be processed without the application fee. In order to receive the fee amount, please contact the Licence Division. Business Licenses are public records and are available in various additional publications on the City website and/or in hard/soft copy format. All information on this form is collected under the authority of the Community Charter, Division 9. Personal information collected is protected pursuant to the **Freedom of Information and Protection of Privacy Act**.

Signed _____ Date _____

Print Name _____

Transfer of Business Licence to be signed by the previous licencee

I hereby agree to transfer (subject to the approval of the Licence Office) the Business Licence for

Business Licence Acct. # _____ Date _____

Signed _____ Print Name _____

AMOUNT ENCLOSED
\$

Please Note: Application is subject to a \$50 non-refundable fee as specified in Bylaw #3089

OFFICE USE ONLY			
Zone _____			
BY-LAW NO. _____		ACCOUNT NO. _____	
BUILDING <input type="checkbox"/>	RCMP <input type="checkbox"/>	FEES	
FIRE <input type="checkbox"/>	PPA <input type="checkbox"/>	LICENCE APPLICATION _____	<input type="checkbox"/> NEW <input type="checkbox"/> NAME CHANGE
E.S. <input type="checkbox"/>	PUC <input type="checkbox"/>	PRO-RATED _____	<input type="checkbox"/> TRANSFER <input type="checkbox"/>
FHA <input type="checkbox"/>		TRANSFER _____	
FHA BULLETIN <input type="checkbox"/>		TOTAL DUE _____	RECEIVED BY _____
FPO BULLETIN <input type="checkbox"/>			