



# BUSINESS LICENCE APPLICATION

## SECTION 1: APPLICANT INFORMATION

BUSINESS LOCATION ADDRESS		LICENCEE (NAME OF LICENCE HOLDER)	
BUSINESS TYPE Sole Proprietor	<b>Documentation required:</b> Partnership Limited or Corporation Not For Profit		
MAILING ADDRESS		CITY	POSTAL CODE
TELEPHONE NUMBER	CELL NUMBER	EMAIL	
CONTACT NAME		CONTACT TITLE	CONTACT PHONE
TRADE NAME (DOING BUSINESS AS)		OPENING DATE	DAYS/HOURS OF OPERATION
BUSINESS DESCRIPTION			# of Units # of Employees
<b>HOME BASED BUSINESS:</b> NO STOCK, STORAGE OR NON-RESIDING EMPLOYEES PERMITTED (SIGN HERE)			
Are you relocating a current business in Burnaby? Yes No		ACCOUNT NUMBER	

I/We hereby apply for a licence in accordance with the particulars as stated above and declare 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:** Business Licences 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**.

## SECTION 2: BUSINESS AUTHORIZATION

PRINT NAME	SIGNATURE	DATE
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## SECTION 3: TRANSFER OF BUSINESS LICENCEE

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

PREVIOUS LICENCEE NAME	BUSINESS LICENCE ACCOUNT NUMBER	DATE
PRINT NAME AND POSITION	SIGNATURE	

**Please Note: Application is subject to a non-refundable fee as specified in Bylaw #13809**

Licensing, 4949 Canada Way, Burnaby, BC V5G 1M2  
Phone: 604-294-7320  
Fax: 604-294-7163  
Email: [licence@burnaby.ca](mailto:licence@burnaby.ca)

## SECTION 4: FOR LICENSING USE ONLY

BUSINESS CATEGORY		ACCOUNT NUMBER New Transfer Name Change	
CERTIFICATION/DOCUMENTATION	BUILDING CA&E FHA	FIRE PPA OTHER	RCMP PUC
		ZONE	
		BY-LAW NUMBER	
		TOTAL DUE	
ADDITIONAL INFORMATION		DATE PROCESSED	
		PROCESSED BY	