



460 Columbia Avenue, Castlegar, BC V1N 1G7
 Phone: (250) 365-7227 Fax: (250) 365-5074 www.castlegar.ca

BUSINESS LICENCE APPLICATION

LICENCEE (Individual or Registered Company):	
OPERATING AS (If Applicable):	
PLACE OF BUSINESS:	
BUSINESS MAILING ADDRESS:	
BUSINESS PHONE NUMBER:	BUSINESS CELL NUMBER:
TO CARRY ON THE BUSINESS OF:	
DATE BUSINESS TO COMMENCE IN CASTLEGAR:	

Area Occupied (Sq.Ft)		Number of Units (Apt/Motel/Hotel)	
Number of Vehicles		Number of Professionals	
Number of Seats		Number of Salespersons	
Other:			
MISCELLANEOUS INFORMATION:			

I, _____, certify that the description and location of the business shown above is correct, and I hereby apply for a licence to operate the said business within the City of Castlegar.

Signature of Licencee

Date

FOR OFFICE USE ONLY:

Zoning:	Folio:	Licence Approved:	Yes	No
Requirements:				
Reason for Not Approving:				

CALCULATION OF FEE:

Base Fee	\$
+ Unit Fee _____ x \$ _____	\$
Total Annual Fee	\$
Cancel Portion of Fee	\$
Fee Payable	\$

COMPUTER ENTRY:

Licence Number	
Classification Code	
Date Paid	
Receipt Number:	
Entered / Posted	

License Inspector

Date