

Development Services Sidewalk Vendor Application



PART 1. NATURE OF APPLICATION			
Licencing Type			
<input type="checkbox"/> Storefront Use, Sidewalk Patio, or Parklet Permit		<input type="checkbox"/> Renewal	
PART 2. PROPERTY/BUSINESS INFORMATION			
Name of Owner/Business			Date of Application
Civic Address of Property/Business			Licence Number (if applicable)
Legal Description Lot	Block	Plan	PIP Number
PART 3. BUSINESS APPLICANTS ONLY			
Business Floor Area		Number of Employees	Business Phone Number
Home Occupation <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Vendor <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Designation	
Description of Business			
Owner: Last Name		First Name	Phone Number
Email Address		Owner's Mailing Address	
PART 3. SIGNATURES			
<p>I hereby make an application for a Business Licence in accordance with the information contained and stated within and declare that the information provided is true and correct. I undertake that if I am granted the Business Licence that I applied for, that I am obligated to comply with all conditions and requirements of its approval, including City of Castlegar Bylaws and amendments thereto and in force. In accordance with the application checklist and advisement of City staff, I have included all necessary documentation and plans required for this approval.</p>			
_____ Signature of Property/Business Owner		_____ Signature of Registered Property Owner	
_____ Date		_____ Date	

The personal information collected on this form is collected for the purposes of a development approval of the City of Castlegar as authorized by Section 26 of the Freedom of Information and Protection of Privacy Act. All information collected with this form shall be disclosed to the public upon request. Copies of any associated documentation submitted as part of this application becomes part of the local government's records and therefore subject to the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of information, please contact the City's Corporate Officer at (250) 365-8973.

This page must be returned

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FOR OFFICE USE ONLY		
Roll Number	Type of Business	Zoning Designation
Parking Requirements Met <input type="checkbox"/> Yes <input type="checkbox"/> No	Development Permit Area <input type="checkbox"/> Yes <input type="checkbox"/> No DP No:	
Development Variance <input type="checkbox"/> Yes <input type="checkbox"/> No	Use Permitted <input type="checkbox"/> Yes <input type="checkbox"/> No Permit No:	
Building Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No Permit No:	Fire Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
Sign Permit <input type="checkbox"/> Yes <input type="checkbox"/> No Permit No:	Encroachment Permit <input type="checkbox"/> Yes <input type="checkbox"/> No Permit No:	
Mobile Vending Operational Guidelines Met?		
Food & Beverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Retail <input type="checkbox"/> Yes <input type="checkbox"/> No	Interior Health Approval <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Receipt of Application	Date of Issuance	Date of Completion

Total Fees \$ _____

Signature of Building Official: _____

Additional Notes: