



460 Columbia Avenue, Castlegar, BC V1N 1G7  
 Phone: (250) 365-7227 Fax: (250) 365-4810 [www.castlegar.ca](http://www.castlegar.ca)

### BUSINESS LICENCE APPLICATION

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

<b>Area Occupied (Sq.Ft)</b>	<b>Number of Units (Apt/Motel/Hotel)</b>
<b>Number of Vehicles</b>	<b>Number of Professionals</b>
<b>Number of Seats</b>	<b>Number of Salespersons</b>

**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:**

<b>Zoning:</b>	<b>Folio:</b>	<b>Licence Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Requirements:</b>		
If this is a Mobile Food Vendor has written agreement been provided by:		
1) Property Owner <input type="checkbox"/>		
2) Non-mobile vendors within 50 meters (if applicable) <input type="checkbox"/>		
<b>Reason for Not Approving:</b>		

**CALCULATION OF FEE:**

<b>Base Fee</b>	\$
<b>+ Unit Fee _____ x \$ _____</b>	\$
<b>Total Annual Fee</b>	\$
<b>Cancel Portion of Fee</b>	\$
<b>Fee Payable</b>	\$

**COMPUTER ENTRY:**

<b>Licence Number</b>	
<b>Classification Code</b>	
<b>Date Paid</b>	
<b>Receipt Number:</b>	
<b>Entered / Posted</b>	

\_\_\_\_\_  
License Inspector

\_\_\_\_\_  
Date