



BUSINESS LICENSE APPLICATION

Application Type: New License Non-Resident Auxiliary License Change of Owner or Address

BUSINESS OWNER INFORMATION:

Business Name: _____
Name of Owner(s): _____
Street Address: _____
Mailing Address: _____
Phone: _____ Fax: _____
Email (optional): _____

PROPERTY OWNER INFORMATION:

Name of Owner(s): _____
Mailing Address: _____
Phone: _____ Fax: _____
Email (optional): _____
Property Tax Roll/Folio #: 478- _____

GENERAL INFORMATION

To be completed for all Business License Applications

Description of business to be conducted: _____

Does your business conform to the Zoning Bylaw? Yes No

Size of premises to be occupied: _____ (m²/ft²)

Previous use of space: _____

Does your business have off-street parking? Yes No (if yes, number of stalls: _____)

Is your business a Home Based Business (HBB)? Yes No (if yes, read & sign Zoning Bylaw excerpt S.2.1)

For HBB, will clients be coming to your home? Yes No (if yes, inspection required)

Is your business a Mobile Restaurant or Vendor? Yes No (if yes, permission from property owner required)

Is your business a Mobile Restaurant, Itinerant Show or Entertainment?
 Yes No (if yes, submit copy of insurance policy)

Will you be installing or changing signs? Yes No (if yes, complete a Sign Permit application)

Will you be erecting a sandwich board sign, sidewalk seating, or display?
 Yes No (if yes, Highway License of Occupation required)

Would you like to purchase a Tree Sign on Main Street (optional for businesses located in the downtown)?
 Yes No (if yes, pay one time fee)

AUTHORIZATION

I hereby make application for a business license in accordance with the above-stated information and declare that the statements are true and correct. I agree, if granted a license, to comply with all relevant bylaws now in force or which may come into force in the Town of Smithers.

Signature of Applicant: _____ **Date:** _____

**TOWN OF SMITHERS
FOR OFFICIAL USE ONLY**

VERIFICATIONS

Property Zoning: _____

Use Permitted? Yes: _____

No: _____

APPROVALS

	APPROVAL REQUIRED		APPROVAL RECEIVED	
Building Inspector	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Dept. <i>(theatre, service station)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor Licensing & Control Board <i>(liquor outlet)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provincial Health Inspector <i>(restaurant/food)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal records check <i>(escort agency/service)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Insurance Policy <i>(iterant show/entertainment, mobile restaurant)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Owner Consent <i>(mobile vendor/restaurant)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LICENSE ISSUANCE

Business License #: _____

Business Classification: _____

Billing Class #: _____

License Fee: _____

Payment Received: _____

APPROVED: _____
License Inspector

_____ Date