

Business Licence Application Form

Legal, Bylaw Enforcement & Licencing
 3000 Guildford Way, Coquitlam BC V3B 7N2
 Tel: 604-927-3085 Fax: 604-927-3445

- Commercial / Industrial
 Home based
 Non-Resident
 Kiosk
 Non-Profit
 New application
 Address change only
 Name change only
 Corporation
 Proprietorship
 Partnership

Trade Or Operating Name: _____

Corporate name: _____ Incorporation #: _____

Business address: _____
Unit No. Street No. Street City Province Postal code

Phone: _____ Fax: _____ Other: _____

Legal address: *(Department use only)* _____

Mailing address: _____
(If Different Than Above) Unit No. Street No. Street City Province Postal code

Name & address of owner(s) or principal(s): _____
Surname First name Initial Home phone

Unit No. Street No. Street City Province Postal code

Surname First name Initial Home phone

Unit No. Street No. Street City Province Postal code

Proposed commencement date: _____ have you previously held a business licence in Coquitlam? Yes No

Number of employees at a Coquitlam location: Owner(s): _____ Full time: _____ Part time: _____

Fully describe business activities: _____

Are you a joint tenant with any other business in the same premises? Yes No If Yes, who? _____

Are there any vending machines on the premises? Yes No **If Yes, complete Vending Machine Supplement form**

Are there any tobacco products sold on the premises? Yes No

Floor area: Home based *(Please attach a sketch of the one floor containing the Business Use Area to this application)*

If business is conducted from residence - Total finished area of residence: _____ Proposed area for business use: _____

Is there a secondary suite in the residence? Yes No If yes, is the business conducted from the suite? Yes No

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Floor Area: Commercial/Industrial (Provide sketch of floor plan as noted below)

Total floor area: _____ Public access: _____ Warehouse: _____ Storage area: _____

Shop: _____ Office: _____ Mezzanine: _____ Other: _____

If restaurant or take-out delivery: Number of seats: _____ Outdoor seating? Yes No

Please include a detailed and dimensional sketch of your floor plan showing all interior partitions, doorways, stairways, including stairways leading to 2nd floor/mezzanines areas. The sketch should also identify all entrances & exits, names of adjoining occupants, and applicable street names. Indicate where any alterations have been done. **Application will not be accepted without the detailed floor plan.**

Will any Building / Plumbing / Sign alterations or additions be done? Yes No **If Yes, a Permit may be required. Call 604.927.3441 for Building Permits and 604.927.3437 for Sign Permits.**

Please describe any alterations: _____

Applicant Statement

I/we have received and read a copy of the excerpts from the City of Coquitlam Zoning amendment Bylaw No. 3816, 2007, As related to home occupation uses. _____ Initial

I/we the undersigned hereby make application for a business licence in accordance with the information as stated and declare that the statements are true and correct. I/we undertake, if granted the licence applied for, to comply with each and every obligation contained in the bylaws now in force or which may hereafter come into force in the city. I/we further understand that all business licences expire one year from the date of commencement and must be renewed each year. Every business licence is subject to review at any time and may be suspended or revoked for cause.

Licence Fee required with application: \$ _____ Prepaid No.: _____
(May be subject to amendment)

This form completed by: _____ Signature: _____

Position: _____ Phone: _____ Date: _____

Licence Department Use Only

Property zoned: _____ Application received by: _____ Date: _____

Approvals Required: Building Property Use Zoning Notify Sign Fire
 Health Notify Required Floor Plan Attached Other _____

Classification(s): 1.: _____ Licence number issued: _____ Rev. No.: _____ Fee: _____

2. _____ Licence number issued: _____ Rev. No.: _____ Fee: _____

Approved by Licence Inspector: _____ Date: _____

Issued date: _____ Issued by: _____