



City of Coquitlam Business Licence Application Form Commercial/Industrial

Legal, Bylaw Enforcement & Licencing
3000 Guildford Way, Coquitlam, B.C. V3B 7N2
Phone: 604.927.3085 Fax: 604.927.3445

Instructions: If more information is required than a field allows for, please attach additional pages.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Address Change Only | <input type="checkbox"/> Name Change Only | <input type="checkbox"/> Proprietorship |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-profit | <input type="checkbox"/> Kiosk |

Part 1 – Business Contact Information

(Note: Business contact information is not considered personal information and will be released on request)

Trade or Operating Name: _____

Corporate Name: _____ Incorporation #: _____

Business Owner: _____ Title/Position: _____
(Surname/First Name/Initial)

Business Address: _____ City/Province: _____ Postal Code: _____
(Unit No. /Street No. /Street Name)

Phone: _____ Fax: _____ Other: _____

Email: _____

Mailing Address: _____ City/Province: _____ Postal Code: _____
(If different than above) (Unit No. /Street No. /Street Name)

Department Use Only
Legal Address: _____

Part 2 – Company Information

Name of Owner(s), Principle Officer(s) and/or Partner:

Name: _____ Title/Position: _____ Phone: _____
(Surname/First Name/Initial)

Address: _____ City/Province: _____ Postal Code: _____
(Unit No. /Street No. /Street Name)

Name: _____ Title/Position: _____ Phone: _____
(Surname/First Name/Initial)

Address: _____ City/Province: _____ Postal Code: _____
(Unit No. /Street No. /Street Name)

Part 3 – Business Information

Proposed Commencement Date: _____

Have you previously held a business licence in Coquitlam? Yes No, Location: _____

Number of employees working at Coquitlam location: Full Time: _____ Part Time: _____ (Include owners working at this location)

Part 5 – Applicant Statement

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.

The personal information collected on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. The City has authority to collect your information for the purposes of administering the Business Licencing System in accordance with Division 9 of the *Community Charter*. Should you have any questions or concerns about the collection of your personal information, please call the Supervisor of Bylaw, Business Licencing & Animal Services at: (604) 927-3085. (NOTE: Business contact information contained in PART 1 is not considered personal information and will be released on request).

Licence Fee Required With Application: \$ _____ (May be subject to amendment) Prepaid #: _____

This Form Completed By: _____ Signature: _____
(Type or Print)

Position in Business: _____ Phone: _____ Date: _____

Licence Department Use Only			
Property Zoned: _____	Application Received By: _____	Date: _____	
Approvals Required: <input type="checkbox"/> Building _____	<input type="checkbox"/> Property Use _____	<input type="checkbox"/> Zoning _____	Health: <input type="checkbox"/> Required _____ <input type="checkbox"/> Notify Only _____
Sign <input type="checkbox"/> Notify Only _____	<input type="checkbox"/> Floor Plan Attached _____	<input type="checkbox"/> Certificates (Specify) _____	
Other (Specify) _____			
Classification: 1. _____	B/L# Issued _____	Rev. # _____	Fee: _____
2. _____	B/L# Issued _____	Rev. # _____	Fee: _____
3. _____	B/L# Issued _____	Rev. # _____	Fee: _____
Approved By Supervisor: _____	Date: _____	Issued Date: _____	Issued By: _____

Conditions:

