



City of Coquitlam Business Licence Application Form Special Event Vending

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.

Part 1 – Business Contact Information

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

Special Event Name: _____

Event Location: _____ Event Date(s): _____

Trade or Operating Name of Event Organizer: _____

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)

Part 2 – Company Information

Name of Owner(s), Principal 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 – 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 licensing system in accordance with Division 9 of the Community Charter. Should you have any questions or concerns about the collection of your

Part 3 (continued)

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 | | Application Received By: _____ | Date: _____ |
| Approvals: <input type="checkbox"/> Clerk _____ | <input type="checkbox"/> Licence Inspector _____ | FHA: <input type="checkbox"/> Required _____ | <input type="checkbox"/> Notify Only _____ |
| Licence Classification: _____ | B/L # _____ | REV. # _____ | Fee: _____ |
| Approved For Issuing: _____ | Date: _____ | Issued Date: _____ | Issued By: _____ |

Part 4 - Vendor Business Names

| | Vendor Business Name | Business Type <small>ie. Food, Gifts, Crafts, Face Painting, etc.</small> | DEPARTMENT USE ONLY Fee | DEPARTMENT USE ONLY Business has Annual B/L |
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