



# City of Coquitlam Business Licence Application Form Commercial/Industrial

**Legal, Bylaw Enforcement & Licensing**  
3000 Guildford Way, Coquitlam, B.C. V3B 7N2  
Phone: 604-927-3085 Fax: 604-927-3445  
Email: businesslicences@coquitlam.ca

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

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|--|--|---|---|
| <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)

Contractor: TYPE \_\_\_\_\_ TQ#: \_\_\_\_\_

**Part 3 (continued) – Business Information**

Fully describe business activities (Attach additional sheets if more space is needed.):

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Are you a joint tenant with any other business in the same premises?  Yes  No If Yes, Who: \_\_\_\_\_

Are there any Vending/ATM Machines in the premises?  Yes  No If yes, Leased  or Owned

**Automatic Vending Machine means any machine or device that:**

- a) is operated by or requires for the operation thereof the insertion of a coin, token, currency of any kind, credit card or bank card, and;
- b) sells or dispenses money, a service or goods, or provides music, recreation or amusement of any kind whatsoever.

Machine owned by: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If different than on this application)

Number of Machines: \_\_\_\_\_ Date Installed: \_\_\_\_\_ TYPE of Product/Service: \_\_\_\_\_  
(If more than one machine, please attach list)

Are there any tobacco or E-Cigarette products sold in the premises?  Yes  No

If restaurant/take-out delivery: Number of Indoor Seats: \_\_\_\_\_ Seasonal Outdoor Seating?  Yes  No, Number of Seats: \_\_\_\_\_

Will liquor be served in the premises?  Yes  No (If Yes, attach copy of B.C. Liquor Licence)

Will Cannabis or Cannabis Products be available for retail sales in the premises?  Yes  No (If Yes, attach copy of the Approval in Principle from the LCRB)

Will Cannabis be produced or processed in the premises?  Yes  No (If Yes, attach copy of Cultivation or Processing Licence from Health Canada)

**Part 4 – Floor Area (\*Detailed Floor Plan is Required With Application, See Below)**

Total Floor Area: \_\_\_\_\_ Public Access: \_\_\_\_\_ Warehouse: \_\_\_\_\_

Wholesale: \_\_\_\_\_ Shop: \_\_\_\_\_ Office(s): \_\_\_\_\_

Mezzanine(s): \_\_\_\_\_ Other: \_\_\_\_\_

Will any alterations or additions be done?  Yes  No

If Yes, please describe (permits may be required). For more information, call 604-927-3465.

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Will there be any signs installed or altered?  Yes  No (Permits may be required.) For more information, call 604-927-3430.

**\*Please include a detailed drawing of your floor plan showing all interior partitions, doorways, stairways, including stairways leading to 2<sup>nd</sup> floor/mezzanines areas. The drawing should also identify all entrances and exits. Indicate where any alterations have been done. Application will not be accepted without the detailed floor plan.**

**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 Licensing 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 Licensing & 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 Licence Inspector: _____	Date: _____	Issued Date: _____	Issued By: _____

Conditions:  
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