



City of Coquitlam Business Licence Application Form Mobile/Street Vendor

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

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)

Operating Name: _____

Corporate Name: _____ Incorporation #: _____

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

Business Address: _____ City/Province: _____ Postal Code: _____
(If different than above) (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), 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 – Please Complete the Following Information Regarding Your Business

Proposed Commencement Date: _____

Have You Previously Had Mobile Vending Licence?: Yes No Truck: (Length) _____ or Cart:

Please Describe the Product You Are Intending On Selling:

Please Provide Three (3) Location Choices with (1) Being Your Most Desirable Location:

Location 1: _____

Location 2: _____

Location 3: _____

