



THE CORPORATION OF THE VILLAGE OF SLOCAN

P.O. BOX 50, SLOCAN, B.C. V0G 2C0

TELEPHONE (250) 355-2277

FAX (250) 355-2666

info@villageofslocan.ca

BUSINESS LICENSE APPLICATION

Application Type

- ☐ New ☐ New Ownership
☐ Name Change ☐ Location Change

Type of Ownership

- ☐ Sole Proprietorship ☐ Non-Profit Society
☐ Partnership ☐ Co-Operative
☐ Limited Company No. _____
☐ Corporation No. _____

Name of Applicant _____

Business Operation Name _____

Legal Name of Business _____

(Owners personal name if unincorporated – Corporate/Limited name if incorporated)

Physical Location of the Business

Home Occupation

Y N

Address _____

City _____ **Postal Code** _____

Phone _____ **Cell** _____ **Fax** _____

Email _____

Website _____

Mailing Address (if different from above)

Address _____

City _____ **Postal Code** _____

Phone _____ **Cell** _____ **Fax** _____

Email _____

BUSINESS LICENSE APPLICATION

COMMERCIAL/ INDUSTRIAL

In square feet

Total floor area _____ Public Access _____
Warehouse _____ Shop _____
Storage _____ Office _____
Other (Please specify) _____

For Restaurant or Take-out/Delivery #of Seats _____ Capacity _____

Liquor License Y ☐ N ☐ Food Primary Y ☐ N ☐ Liquor Primary Y ☐ N ☐

Will there be any modification to the building being used? Y ☐ N ☐

IHA Certification for septic Y ☐ N ☐ (if applicable)

IHA Certification for Food Preparation Y ☐ N ☐

Electrical Certification Y ☐ N ☐ (if applicable)

Plumbing Certification Y ☐ N ☐ (if applicable)

Building Permit Required Y ☐ N ☐ (if applicable)

Fire Inspection Required Y ☐ N ☐

Does the Building meet zoning requirements Y ☐ N ☐

Does the Business meet zoning requirements Y ☐ N ☐

HOME OCCUPATION

Is there a secondary suite located in the residence? Y ☐ N ☐

Total Gross Floor Area of Home _____ sqft
Proposed Area for Business _____ sqft

Number of people employed in the business at the physical location _____

Number of Off Street parking units provided? _____

Does the Building meet the building code for the intended use? Y ☐ N ☐

Bed and Breakfast Y ☐ N ☐ No. of sleeping units _____

Vacation Rental Y ☐ N ☐ No. of sleeping units _____

Day Care Facility Y ☐ N ☐ No. of sleeping units _____

APPLICANTS DECLARATION

Business Licenses are affective from January 1 to December 31 in any calendar year. They are non-transferable and the license fee(s) will be determined by the Village of Slocan Business License Bylaw and Fees and Charges Bylaw, where applicable.

The information provided in this application is for the purpose of determining the applicant's eligibility for a Business License in the Village of Slocan pursuant to Bylaw(s). In completing and signing this form, you have declared that all the information provided herein is correct and consent to the sharing of such information with all applicable Village of Slocan departments and related agencies for the purpose of required inspections and approval of this business license application. The applicant declares that they have read and agree to comply with all stated regulations and bylaws enacted by the Village of Slocan.

Applicant

Signature: _____

Print Name: _____

Title: _____

Date: _____

Witness

Signature _____

Print Name _____

BUSINESS PROPOSAL SUMMARY

PLEASE WRITE A DESCRIPTION OR ATTACH A SUMMARY OF THE BUSINESS PROPOSAL

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



BUSINESS LICENSE APPLICATION - PLAN CHECK

TYPE: NEW ☐CHANGE OF OWNER ☐CHANGE OF NAME ☐

OTHER: _____

Electoral Area: Slocan

Roll #:

Civic Address:

Legal Description:

Property Size:

Assessed Value:

Planning: Zoning Bylaw #633 | Business License Bylaw #606 | Fees & Charges Bylaw #584

Land Use/Zoning Bylaw	Bylaw Requirements	Proposed/Actual Development	Permitted?
Use: Comm/Res			
Classification			
Setbacks: Front			
Exterior Side			
Rear			
Interior Side			
Other			
Height			
Bldgs Per Lot/Density			
Lot Coverage			
Parking: # of spaces			
Dimensions			
Surface			
Markings			
Access			

REFERRALS	INSPECTION DATE	STATUS	INITIAL
Planning/Zoning			
Building			
Fire			
Health - Septic			
Health – Food Safe Premises			
Plumbing			
Electrical			
Other			

Comments:

BUSINESS LICENSE # _____

APPROVED THIS _____ DAY OF _____, _____.

CAO APPROVAL