



## 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**