



District of Port Edward  
770 Pacific Ave, PO Box 1100  
Port Edward, BC V0V 1G0

## Business Licence Application

*Businesses operating in the District of Port Edward are required to have a valid business licence. Completion of this form does not guarantee approval of a business licence, nor should business be commenced prior to the licence being issued.*

### BUSINESS OWNER INFORMATION

Business Name: \_\_\_\_\_

Name of Owners : \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### GENERAL INFORMATION

To be completed for all Business Licence Applications ☐ New Licence ☐ Transfer

Description of business to be conducted: \_\_\_\_\_

Does your Business conform to the Zoning? ☐ YES ☐ NO ☐ N/A

Does the Business have off-street parking? ☐ YES ☐ NO (if yes, number of stalls:\_\_\_\_)

### AUTHORITY

*I hereby make application for a business licence in accordance with the above-stated information and declare that the statements are true and correct. I agree, if granted a licence, to comply with all relevant bylaws now in force or which may come into force in the District of Port Edward.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office use Only

#### Approval Required

Building Department ☐ YES ☐ NO

Fire Department ☐ YES ☐ NO

Provincial Health Inspector ☐ YES ☐ NO

#### Approval Received

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

Approved: \_\_\_\_\_  
Licence Inspector Date Signature