

## **BUSINESS LICENCE APPLICATION**

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|--|--------------------|-----------------|--|--|--|
| Business Name:   |                    |                 |  |  |  |
| Location:  | rion: Phone:       |                 |  |  |  |
| Mailing Address:   | E-mail:            |                 |  |  |  |
| Legal Description of Business Location:  | Lot                | Plan            | District Lot   |  |  |
| Owner/Operator: Name:  |                    | Position:       |  |  |  |
| ☐ Full License (January-December) ☐ Seasonal License (6 Month Maximum) ☐ Temporary Vendor Permit (14 Days Maximum-Please See Below) ☐ Non-Profit Organization ☐ Transfer of Existing License   |                    |                 |  |  |  |
| Will you require a Sign Permit?  |                    |                 |  |  |  |
| Does your business require permits and certificates from other Government Agencies (eg, Northern Health)   |                    |                 |  |  |  |
| Does your proposed business conform to the permitted uses in the current Village of Burns Lake Zoning Bylaw?  Y/N Zone (abr.)  |                    |                 |  |  |  |
| Give a brief description of the operation of the proposed business:  |                    |                 |  |  |  |
|  |                    |                 |  |  |  |
|  |                    |                 |  |  |  |
| I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND AFFIRM THAT ALL OF THE ABOVE INFORMATION IS ACCURATE AND CORRECT AND I AGREE TO COMPLY WITH ALL MUNICIPAL BYLAWS AND PROVINCIAL STATUTES IN THE OPERATION OF THIS BUSINESS. |                    |                 |  |  |  |
|  |                    |                 |  |  |  |
| Applicant Applicant  | Position           |                 | <br>Date   |  |  |
| ☐ Approval to have your husines  | ss information giv | en to the Burns | s Lake & District Chamber of Commerce                        |  |  |
| ☐ Approval to have your business information given to the Burns Lake & District Chamber of Commerce.  NO BUSINESS SHALL COMMENCE UNTIL THE LICENCE IS ISSUED   |                    |                 |  |  |  |
|  |                    |                 |  |  |  |
| PART TWO – TEMPORARY VENDOR  |                    |                 |  |  |  |
| Proposed premises of work:   |                    |                 |  |  |  |
| Proposed dates and hours of work:  |                    |                 |  |  |  |
| Have you received permission from the prope  | erty owner/event   | organizer to w  | ork on their premises?  ☐ Yes (Please attach agreement) ☐ No |  |  |
| Name of property owner/event organizer:  |                    | Pl              | none number:   |  |  |

## **PART THREE -- BUSINESS LICENCE**

| License Fees: Please see Fees and Charges Bylaw for more license fees.  |                              |                  |          |  |  |  |
|---|------------------------------|------------------|----------|--|--|--|
| Payment Received: \$  | Date:                        |                  |          |  |  |  |
| VERIFICATIONS   |                              |                  |          |  |  |  |
| Zoning: (abr.)  |                              |                  |          |  |  |  |
| APPROVALS   |                              | Required: Yes/No | Received |  |  |  |
| 7.1.1.0.07.1.20   |                              |                  |          |  |  |  |
| Building Inspector(s) Richard Wainwright or Jason Berlin  | 250-692-3195                 | ,                | neceived |  |  |  |
|   | 250-692-3195<br>250-692-7587 |                  | necented |  |  |  |
| Building Inspector(s) Richard Wainwright or Jason Berlin  |                              |                  |          |  |  |  |
| Building Inspector(s) Richard Wainwright or Jason Berlin Fire Chief: Rob Krause                                 | 250-692-7587                 |                  | Negerica |  |  |  |
| Building Inspector(s) Richard Wainwright or Jason Berlin Fire Chief: Rob Krause Health Inspector Alicia Parayno | 250-692-7587<br>250-567-6182 |                  |          |  |  |  |

Submit in person, by fax (250-692-3059), or by email (village@burnslake.ca)