



PO Box 570, 15 – 3<sup>rd</sup> Avenue  
Burns Lake, BC V0J 1E0  
Telephone: (250) 692-7587 Fax: (250) 692 3059  
www.burnslake.ca  
email: village@burnslake.ca

## Business License Application

- Application Type:  Full Business License (\$110 Jan – Dec)  Seasonal license (\$55 - 6 month max)  
 Temporary Vendor Permit (\$25 - 21 Days Max)  Non-Profit Organization (free)  
 Transfer of existing license (new business name or address)

### BUSINESS OWNER INFORMATION

Business Name: \_\_\_\_\_  
 Name of Owner(s): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email (optional): \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Name of Owner(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email (optional): \_\_\_\_\_

### GENERAL INFORMATION

TO BE COMPLETED FOR ALL BUSINESS LICENCE APPLICATIONS

Describe business to be conducted under the license \_\_\_\_\_

Does your business conform to the Zoning Bylaw?  Yes  No  Unsure

Size of premises to be occupied: \_\_\_\_\_

Does your business have off street parking:  Yes  No (if yes, number of stalls \_\_\_\_\_)

Is your business a home based business?  Yes  No

Is your business a mobile restaurant or vendor?  Yes  No

Is your business an itinerant show or entertainment?  Yes  No

VILLAGE OF BURNS LAKE

Will you be installing or changing signs?  Yes  No

Will you be erecting sidewalk seating or a display?  Yes  No

TEMPORARY VENDOR

Proposed hours and dates of work: \_\_\_\_\_

Have you received permission from the property owner/event organizer to work on their premises?  Yes  No

Name of property owner or event organizer \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address of property: \_\_\_\_\_

AUTHORIZATION

I hereby make application for a Village of Burns Lake Business License in accordance with the above stated information and declare that the statements are true and correct. I agree, if granted a license, to comply with all relevant bylaws now in force, or which may come into force in the Village of Burns Lake.

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

Your personal information is maintained in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions Regarding the use of your personal information, please call the CAO or City Clerk for the Village of Burns Lake at 250-692-7587.

CONTACT INFORMATION

Building Inspector: 250-692-3195 Fire Chief: 250-692-7587 Health Inspector: 250-567-6182

Liquor Inspector: 250-565-6993 Economic Development Officer: 250-692-7587

OFFICE USE ONLY

Legal description of business location: Lot \_\_\_\_\_ plan \_\_\_\_\_ district lot \_\_\_\_\_

Property Zoning: \_\_\_\_\_ Use Permitted  Yes  No

|  | Approval Required            |                             | Approval Received            |                             | Notes |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|-------|
| Building Inspector                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Fire Department                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Liquor Licensing                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Heath Inspector                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Insurance Policy <small>(copy)</small> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Business License # \_\_\_\_\_ Business Classification: \_\_\_\_\_

License Fee: \_\_\_\_\_ Payment Received: \_\_\_\_\_

APPROVED BY CAO or designate: \_\_\_\_\_ Date: \_\_\_\_\_