

District of Ucluelet Business Licence Application

Businesses operating in the District of Ucluelet are required to have a valid business licence. The information requested in this application is necessary to fully evaluate your request for a business licence. **Completion of this form does not guarantee approval of a business licence, nor should business be commenced prior to a licence being issued.**

Date _____ New Licence Reinstatement Address Change Change of Owner Business Name Change
 Home Occupation (work conducted within the home) Home Based (community work based from home)

Trade Name of Business		Type of Business	
Business Address (Civic and Mailing, including postal code)		Name of Owner/Licencee (Person or Corporation)	
Owner/Licencee No's: Business: _____ Fax: _____ Cell: _____ Home _____ E-mail/Website _____		Licencee Home Mailing Address (if different from business)	
CCRA #	Floor Area – m ²	<input type="checkbox"/> Vendor <input type="checkbox"/> Mobile	Number of employees
Emergency Contacts – for Fire and Police (two, if possible)			
Name: _____		Number _____	
Name: _____		Number _____	

I, _____ hereby make application for a licence in accordance with the particulars as stated in this application, and declare the information in this statement to be true and correct and I undertake that if I am granted the licence applied for I will comply with each and every obligation contained in all laws and bylaws now in force or which may hereafter come into force in the District of Ucluelet. I further understand that if this application involves the use of premises for business purposes, they may not be occupied until they have been inspected by the District Department concerned and a licence is issued. I also understand that the payment of the Business Licence fee in advance does not guarantee approval, nor may I commence business until such time as a Business Licence is approved and issued.

Signature

Date

For Office Use Only					
Zoning (if applicable)		Business Class:			
Required Checks	Approved	Declined	Date	Initial	
Planning					ANNUAL FEE: _____
Building					FEE PAID: _____
Health					DATE PAID: _____
RCMP					CASH _____ CHEQUE _____
Other					

Approved this _____ day of _____, 20____.

District of Ucluelet Approval: _____ Business Licence No. _____

Personal information you provide on this form is collected under the authority of the *Community Charter, Freedom of Information and Protection of Privacy Act* (FOIPPA) and the Business Licence Bylaw. Your business name, civic address and business telephone number may be released in accordance with FOIPPA. If you have any questions about the collection and use of this information, please contact the District Municipal Office at (250) 726-7744.