

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.



**District of Ucluelet
Business Licence Application Submission
Requirements Checklist**

District Planner Building Inspection	(250) 726-4770 (250) 726-7744	This column for District use only
1. <i>It is recommended that you obtain confirmation of a correct civic address prior to investing in business stationery, signs etc.</i> Have you obtained written confirmation from the District office (250-726-7744) verifying the correct civic address for your business and submitted a copy with your Business Licence Application.		
2. Have you confirmed the correct designation for the property, on the Zoning Bylaw Map , for space that your business operation will occupy? Print your zoning designation: _____		
3. Does the Zoning Bylaw permit the use of the building or space for your proposed business? Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/>		
4. Will your business be a different type of business than what was formerly in the building or space? Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/> <i>A change of use may trigger additional fire and building code requirements and life safety requirements. If you answered YES above please verify all additional requirements for the intended use.</i>		
5. Will your business require any demolition, renovation or new construction on the building or premises? Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/>		
6. Have you verified the number of regular parking and handicapped parking spots required for your business as per the Zoning Bylaw ? Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/> Number of regular parking spots required: _____ Number of handicapped parking spots required: _____		
7. Have you verified if loading space is required for your business as per the Zoning Bylaw ? Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/>		

<p>8. Does the Zoning Bylaw require you to pave your parking?</p> <p style="text-align: right;">Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p>	
<p>9. Have you verified that the property meets the fencing and screening requirements as per the Zoning Bylaw?</p> <p style="text-align: right;">Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p>	
<p>10. Include photographs of any fencing and screening.</p>	
<p>11. Do you require a Sign Permit?</p> <p style="text-align: right;">Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p>	
<p>12. Does the Sign Bylaw permit your proposed signage where your business will be located?</p> <p style="text-align: right;">Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p>	
<p>13. Have you included all contact information with your application?</p> <p style="padding-left: 40px;">Business Owner Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p style="padding-left: 40px;">Business Manager Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p style="padding-left: 40px;">After hours Emergency contact Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p style="padding-left: 40px;">Property Owner Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p>	
<p>14. Is the space being leased?</p> <p style="text-align: right;">Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p>	
<p>15. Have you verified which 3rd party inspection reports will be required?</p> <p>Have you submitted copies of all 3rd party inspection reports:</p> <p>Automatic suppression Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>Hoods Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>Ducting Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>VIHA Check one: Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>(i.e. Required by Commercial Kitchens / Mobile Vendors)</p>	
<p>16. Have you made allowance for unobstructed egress to a public way when the building is occupied?</p> <p style="text-align: right;">Yes <input type="checkbox"/> or No <input type="checkbox"/></p>	

RETURN TO FINANCE DEPARTMENT WITH APPLICATION AND PAYMENT

<p>17. Will your business involve Industrial, Repair or Manufacturing process?</p> <p style="text-align: right;">Yes <input type="checkbox"/> or No <input type="checkbox"/></p>	
<p>18. Fire Safety Plan – it is suggested you have a written plan containing fire emergency procedures for:</p> <ul style="list-style-type: none"> a. Every building containing an assembly, care, treatment or detention occupancy b. Every building required by the British Columbia Building Code to have a fire alarm system c. Demolition and construction sites d. Storage areas required to have a fire safety plan e. Areas where flammable liquids or combustible liquids are stored or handled f. Areas where hazardous process or operations occur <p>Have you prepared a satisfactory Fire Safety Plan?</p> <p style="text-align: right;">Yes <input type="checkbox"/> or No <input type="checkbox"/></p>	

PLEASE NOTE:

Should you require electrical permitting, the District of Ucluelet does not issue electrical permits or do inspections. More information about Electrical Permits can be found by contacting the **BC Safety Authority** – Hours: 7:00 am to 8:00 pm (PST) – Monday to Friday

Email: info@safetyauthority.ca, 1-866-566-7233