District of Ucluelet

Business Licence Application

200 Main Street, Ucluelet, BC V0R 3A0, PO. Box 999 Phone 250-726-7744

Businesses operating in the District of Ucluelet are required to have a valid business license. Completion of this form does not guarantee approval of a business licence, nor should business be commenced prior to a licence being issued. Please fill out both pages of the application and submit with your \$35 application fee to District of Ucluelet.

□ New Lice				Change of O	wner		
All other changes	to business, please u	se the "Change In		_	rm – available at ucluelet.ca		
Applicant & Prop	erty Owner Informat	ion					
APPLICANT		PROPERTY OWNER					
Name:			Name:				
Address:			Address:				
Postal Code:							
Email :							
Phone:		Phone:					
Business Contac	ct Information						
Business Name: _							
Business Location	n Address:						
Business Mailing	Address:						
Business Email Address: Business Phone:							
Business Website	Address:						
f Corporate Services at 2 nformation and will be re he undersigned makes a	250-726-7744. NOTE: The con eleased upon request. In application as specified her contact information being ma	tact information provided ein, and declares that the	d in the Business C e information subr c and posted on the	Contact Informat mitted in support he District of Ucl Date:			
U	er's Authorization Lette	er attached to applic	ation.	Date.			
		For O	ffice Use Only				
Folio No.:	Zoning:	Business Class/Nat		ss:	Number of Units:		
Department	Check/Site Inspection Required?	Approved	Date	Initial	Finance Section		
Planning	Yes No	Yes No			Liatitate Bill Changes		
Building	Yes No	Yes No			Utility Bill Change?		
Fire	Yes No	Yes No			Yes No		
Bylaw	Yes No	Yes No			Comments:		
Other:	Yes No	Yes No					
	day of				B		
istrict of Ucluele	t Approval:				Business Licence No:		

Business Information								
Type of business								
Brief description of business (Staff wil type of business listed above)	I use to verify							
Uses currently contained on the prope	erty:							
To the best of your knowledge is the p	property subject to a	Deve	elopment Permit?					
Will there be any discharge into the D Please describe.	istrict sewers other t	han (domestic sewage? i.e. mash from breweries,	commercial kitch	en etc			
ALL ACCOMODATION PROVIDERS (IN	CLUDING BED AND I	BREA	KFASTS) FILL OUT THIS SECTION		FOR STAFF USE			
Indicate the number of bedrooms	· · · · · · · · · · · · · · · · · · ·							
Indicate number of off-street parking spots provided			early shows parking (including residence and E					
parking spots provided	аррпеавісу.							
BED & BREAKFAST PROVIDERS					FOR STAFF USE			
	trict of Ucluelet staff	to se	arch the District of Ucluelet Home Owner	Home				
			and other tax information to verify my	Owner's				
			h compliance with the Ucluelet Business	Grant proof				
Regulation and Licensing Bylaw No. 92	confirmed							
Applicant Signature: Date:								
For Non-Owner Operators: Provide (IN	N PERSON) one of the	e follo	owing to establish proof of residency: Bills	Non-owner				
with name and address; Identification with name and address; Tax notices with name and address; resident proof								
Insurance documents; Vehicle Registration; OR Other proof of residency confirmed								
Phone number where the B&B operat	or is available to resp	pond	to business-related matters					
Bed & Breakfast - Acknowledgement a	and Agraamant to By	daw P	No. 1160, 2012					
_			3 and agree to abide by the terms set therein					
Thave read and understood Section 40	74 OJ DYIUW NO. 1100	, 201	3 and agree to ablae by the terms set therein		ant Initial			
				7.1000				
RESTAURANTS, CAFES AND LICENCED	ESTABLISHMENTS F	ILL O	OUT THIS SECTION					
Number of seats available								
Number of off-street parking spots pro	ovided							
Are you a licenced establishment? If "Yes" provide copy of Liquor Licence		:	Yes, I will provide a copy of liquor licence	Not Applicable				
VIHA Health Certificate			Yes, I will provide a copy of the health certi-					
VIIIA Health Certificate			res, i will provide a copy of the health certi-	iicate				
FOR MARINE BASED BUSINESSES,	INCLUDING KAYA	KS (a	attach separate page if the space below	is insufficient)				
Number of vessels and total capacity								
Names, licence or registration numbe	rs of the vehicles,							
boats, and aircraft described above The passenger capacity of each vehicle	e. boat. and aircraft							
described above All locations where passengers disemble	-,,							
each vehicle, boat or aircraft describe	oark or embark from d above							
All locations where each vehicle, boat above is stored, moored or parked wh	oark or embark from d above , aircraft described							
All locations where each vehicle, boat	park or embark from d above , aircraft described nen not in operation		Yes, I have supplied proof of insurance					
All locations where each vehicle, boat above is stored, moored or parked where Proof of \$2,000,000 liability, wreck reasons.	park or embark from d above , aircraft described nen not in operation		Yes, I have supplied proof of insurance					
All locations where each vehicle, boat above is stored, moored or parked where Proof of \$2,000,000 liability, wreck reand accidental pollution coverage FOR RETAIL BUSINESSES	park or embark from d above , aircraft described nen not in operation		Yes, I have supplied proof of insurance					
All locations where each vehicle, boat above is stored, moored or parked where Proof of \$2,000,000 liability, wreck reand accidental pollution coverage	park or embark from d above , aircraft described nen not in operation		Yes, I have supplied proof of insurance					
All locations where each vehicle, boat above is stored, moored or parked where Proof of \$2,000,000 liability, wreck reand accidental pollution coverage FOR RETAIL BUSINESSES	park or embark from d above , aircraft described nen not in operation		Yes, I have supplied proof of insurance					
All locations where each vehicle, boat above is stored, moored or parked where Proof of \$2,000,000 liability, wreck reand accidental pollution coverage FOR RETAIL BUSINESSES Square footage of business	park or embark from d above , aircraft described nen not in operation moval and sudden		Yes, I have supplied proof of insurance Yes, staff washrooms are available on site.					