



PO Box 570, 15 – 3rd 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 of Business _____
 Mailing Address: _____
 Telephone: _____ Cell Phone: _____ Fax: _____
 Email: _____

PROPERTY OWNER INFORMATION

Name of Owner(s): _____
 Mailing Address: _____
 Telephone: _____ Cell Phone: _____ Fax: _____
 Email: _____

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 | _____ |
| Health 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: _____