

BUSINESS LICENCE GENERAL APPLICATION

DATE: _____

PART 1: COMPANY INFORMATION - Complete ALL fields.

LEGAL ENTITY TYPE: Sole Proprietor Partnership BC Corporation/Society Extra Provincial Company/Society Other

LIST EACH Sole Proprietor / Partner's names below. For BC Corporation/Society or Extra Provincial Company/Society, list ONE (1) Director/Owner name.

1.	Business Phone #:	Home Phone #:	Cellular #:
2.	Business Phone #:	Home Phone #:	Cellular #:

BC Corporation/Society or BC Extra Provincial Company/Society Name: *(If applicable)*

BC Corporation/Society or BC Extra Provincial Company/Society Registration No:

Trade Name/Doing Business As: *(If applicable)*

Business Licence Start Date:

Immediately Other:

REQUIRED: Describe in detail the nature of your business and the intended use of the premise. (Both primary and secondary uses). Attach additional sheet(s) if more space is needed.

PART 2: BUSINESS LOCATION INFORMATION - Complete ALL fields.

Business Location Address: *(Vancouver PO Box not permitted)*

Business Location Type:

- Vancouver Commercial/Industrial Premise
 Vancouver Home Based /Residential Premise
 Owner of the property Tenant of the property
 Out of Town

Business Mailing Address: *(ONLY IF different than business address)*

Business Email Address:

I prefer my annual business licence renewal be sent:
 By Mail OR By E-mail

PART 3: CONDITIONS OF A HOME BASED BUSINESS - Applicable to Vancouver Home Based Business Locations ONLY.

N/A - Out of Town or Vancouver Commercial/Industrial Premise

****Home-based business** means a craft or occupation conducted as an accessory use subordinate to the principal residential use of a dwelling unit (residence), and must only be conducted within the principal building on the site.

1. A home-based business allows a portion of the residence to be used for a craft and/or occupation for administration purposes only (mailing and telephone).
2. No clients are permitted to attend the premise at any time.
3. No partnerships and/or employees are permitted to engage in the running of the business from this residence.
4. No person other than one resident member of the family occupying the residence shall be engaged in the home-based business on the premises.
5. No more than three (3) home-based business licenses shall be issued for one residence.
6. Where located in a residential building, there shall be nothing to indicate from the exterior of the dwelling unit or building that it is being used for any purpose other than its principal and approved residential use (no signage permitted).
7. No products or materials shall be sold from or within the residence.
8. No products, materials, or equipment shall be stored outside of the residence, or any accessory building on the property.
9. No offensive noise, odour, vibration, smoke, heat or other objectionable effect shall be produced.

I do not require a space in a commercial building to carry on this business and wish to use my place of residence as my business address. If I am not the owner of the dwelling unit, I have discussed and received permission to operate the home-based business from the property owner/manager.

The information provided may be shared in accordance with the Freedom of Information Act.
I understand and agree to the above noted terms, regulations and conditions.

****BUSINESS OWNER/RESIDENT SIGNATURE:** _____

Provide information for your Vancouver business location:

_____ Total # of regular & part-time employees (including business owner) at business location

_____ Total # of company &/or employee vehicles at business location

_____ Total square footage of business location

Provide information for your Vancouver commercial/industrial premise location: (If applicable)

_____ Occupancy date of commercial/industrial business location

YES NO Are you sharing space with another company at the commercial/industrial business location?

YES NO Will you be/have you performed any structural alterations to the commercial/industrial business location?

_____ Building/development permit No.(s) Occupancy permit no. _____

_____ Total # of coin operated vending machines Total # of bank/ATM machines _____ **Cryptocurrency - see Part 5

Restaurants: Total # interior seats: _____ Total # of exterior seats: _____ Liquor Service: YES NO Licence No# _____

Do you have a program in place to separate and recycle the following items: (*check only if your business does not generate this type of material)

-Compostable organics - food scraps, yard trimmings, clean wood waste YES NO DON'T CREATE* UNKNOWN

-Recycling - paper, cardboard, glass/plastic/metal containers YES NO DON'T CREATE* UNKNOWN

PART 4: APPLICANT STATEMENT

I/We the undersigned confirm as the business owner(s)/agent for the owner(s) that the above noted information is correct and agree to comply with ALL relevant provisions of the Licence By-law No. 4450 and other applicable City By-laws. It is also understood that the business owner(s)' is/are responsible for the overall management of the business including staff while representing the owner(s)' business. Further, failure to meet these obligations may result in the business licence being suspended or reported to City Council for possible revocation. The information provided may be shared in accordance with the Freedom of Information Act.

Business Owner/ Director Signature #1:

Print Name:	Signature:	Date:
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Business Owner/ Director Signature #2:

Print Name:	Signature:	Date:
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Business Owner/ Director Signature #3:

Print Name:	Signature:	Date:
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Representative Signature: Letter of Authorization from 1 Owner/Director will be required in the absence of Owner/Director signature above.

Print Name:	Signature:	Contact Phone #:	Date:
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PART 5: APPLICATION REQUIREMENTS - To avoid delays in processing, submit the following items with your application:

<input type="checkbox"/> \$66.00 non-refundable application fee. (Mandatory) Please include a cheque payable to The City of Vancouver with your application.	An additional pro-rated licence fee is required upon licence approval as per Schedule "A" of Licence By Law No 4450.
<input type="checkbox"/> 1 piece of valid government issued photo identification (Mandatory) for Business Owner(s).	Sole Proprietor/General Partnership: Required for EACH OWNER. BC Corporation/Society & Extra Provincial Company/Society: Required for 1 OWNER/DIRECTOR ONLY.
<input type="checkbox"/> Letter of Authorization for Representative and Representative's government issued photo identification. (If applicable)	A document signed by the Owner/Director of the company which authorizes a representative to apply on their behalf in the absence of the Owner's/Director's signature above.
<input type="checkbox"/> Copy of BC Corporation/Society Company Summary and Notice of Articles (Mandatory for registered companies) <input type="checkbox"/> Copy of BC Registration Statement for Extra Provincial Company/Society & foreign jurisdiction's company registration documents listing all Owners/Directors of the company.	Required for all BC Corporations/Societies & Extra Provincially registered Companies/Societies. *NOTE: Any foreign entity, including federal and foreign corporations must register as an extra provincial company with BC Registry Services.
<input type="checkbox"/> Business Licence Transfer Authorization Form. (If applicable)	Required in addition to the General Business Licence Application form to transfer a valid business licence. Licence transfers are permitted once (1) per calendar year.
<input type="checkbox"/> Police Information Check (PIC). (If applicable)	Police Information Check (PIC) may be required pending licence review. Original PIC required from <u>Vancouver Police Department</u> . Note: RCMP PIC NOT ACCEPTED.
<input type="checkbox"/> Cryptocurrency ATM: I declare that my virtual currency bank/ATM machine is compliant with FINTRAC regulations. Director Signature: _____	As of June 1st 2020, all virtual currency platforms, including cryptocurrency ATMs have been classified as money services business (MSBs) by FINTRAC and require registration with the Federal agency.

LICENCE DEPARTMENT USE ONLY

APPROVALS REQUIRED: ZONING BUILDING POLICE HEALTH CLI OTHER: _____

CLASSIFICATION(S): 1. _____ Licence Number: _____

2. _____ Licence Number: _____