



DISTRICT OF KITIMAT

BUSINESS LICENSE APPLICATION

270 City Centre, Kitimat, BC V8C 2H7 (250) 632-8900 Fax: (250) 632-4995

OFFICE USE ONLY	
FILING DATE	
ACCOUNT #	

APPLICATION FOR (CHECK ALL THAT APPLY)

New Business Change of Ownership Change of Address Change of Name

BUSINESS NAME

BUSINESS START DATE: _____

BUSINESS INCORPORATED YES NO YEAR: _____

TYPE OF BUSINESS PERFORMED: _____

BUSINESS LOCATION ADDRESS**BUSINESS MAILING ADDRESS**

SAME AS ABOVE

BUSINESS PHONE: _____

BUSINESS FAX: _____

EMAIL: _____

WEB: _____

OWNER NAME & ADDRESS

SAME AS BUSINESS LOCATION SAME AS BUSINESS MAILING ADDRESS

OWNER PHONE: _____

OWNER FAX: _____

EMAIL: _____

CELL#: _____

PRINCIPLE OPERATORS/LOCAL MANAGER OF BUSINESS

PHONE: _____

FAX: _____

EMAIL: _____

CELL#: _____

PROPERTY OWNERS:

SAME AS BUSINESS OWNERS

PHONE: _____

BUSINESS BYLAW CATEGORY (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> RESIDENT BUSINESS | <input type="checkbox"/> HOME OCCUPATION |
| <input type="checkbox"/> COMMERCIAL BUSINESS | <input type="checkbox"/> NON RESIDENT BUSINESS <input type="checkbox"/> INDUSTRIAL |
| <input type="checkbox"/> HOME BUSINESS ADDRESS | <input type="checkbox"/> BED & BREAKFAST |

BUSINESS CONDITIONS

- | | |
|--|--|
| <input type="checkbox"/> NUMBER OF PEOPLE EMPLOYED | <input type="checkbox"/> TRADES QUALIFICATION CERT # _____ |
| <input type="checkbox"/> FULL TIME _____ | |
| <input type="checkbox"/> PART TIME _____ | |
| <input type="checkbox"/> RENTAL UNITS/SERVICES SPACES PROVIDED | <input type="checkbox"/> COMMERCIAL LICENSE PLATE # _____ |

I, _____ hereby make application for a Business License in accordance with the information stated above, and declare that the above information is true and I agree that if the license applied for is approved, I will comply with all the regulations, laws and bylaws now in force or which may come into force within the District of Kitimat. I further understand that if any of the above factors change, I am under obligation to notify the License Inspector in writing of the change(s) and that I may be required to re-apply for a business license. I also understand that if this location involves the use of premises for business purposes that they may not be occupied until they have been inspected by the District Department concerned and a license issued.

I give permission for my business to be listed in a promotional business directory and online by the District of Kitimat
 YES NO

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY

DEPARTMENT	YES	NO	SIGNATURE OF APPROVAL
FIRE DEPARTMENT APPROVAL REQUIRED			
BUILDING INSPECTOR APPROVAL REQUIRED			
BUILDING PERMIT REQUIRED			
PLANNING DEPARTMENT APPROVAL REQUIRED			
COUNCIL APPROVAL REQUIRED			

LICENSE INSPECTOR FINAL APPROVAL

 DEPUTY DIRECTOR OF FINANCE

 DATE

COMMENTS:

OFFICE USE ONLY			
APPLICATION FEE	FEE CODE	NAICS CODES	ZONING CLASSIFICATION