



# DISTRICT OF KITIMAT

## BUSINESS LICENSE APPLICATION

OFFICE USE ONLY	
FILING DATE	
ACCOUNT #	

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

### 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"/> FULL TIME _____                       | <input type="checkbox"/> TRADES QUALIFICATION CERT # _____ |
| <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**

\_\_\_\_\_

DUSTIN RUTSATZ

\_\_\_\_\_

DATE

COMMENTS:

OFFICE USE ONLY			
APPLICATION FEE	FEE CODE	NAICS CODES	ZONING CLASSIFICATION