



APPLICATION FORM
UPDATE EXISTING BUSINESS
LICENCE

Part One: Type of Application (Check all that apply)			
<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Use
Part Two: Existing Business Licence Information			
Operating Name:		Business Licence No:	
Owner's Name(s):		Location:	
Business Use Description:			
Does the business also hold an Inter-Community business licence (ICBL) <input type="checkbox"/> Yes <input type="checkbox"/> No			ICBL No:
Part Three: Business Location Type			
<input type="checkbox"/> Commercial Property / Building	<input type="checkbox"/> Industrial Property / Building	<input type="checkbox"/> Residential Property / Building	<input type="checkbox"/> Mobile or Online Only Business
<input type="checkbox"/> Out of Town Business			
Part Four: General and Contact Information			
Building / Property Owner's Name(s):			
Business Owner's Name(s):			
Business Legal Name:		Incorporation No:	
Business Operating Name:		Phone:	
Business Location Address:		Email:	
Mailing Address:		Website:	
Business Use Description:			
Online Directory Listing: <input type="checkbox"/> Yes <input type="checkbox"/> No (Mandatory for Short Term Rentals and Bed and Breakfasts) Your business name, phone number, type of business, & website will be listed on the City's website.			
Emergency Contact - The City would use these to provide timely information about urgent service disruptions or evacuations			
Name:		Phone:	Email:
Part Five: Type of Business see North American Industry Classification System (NAICS) for definitions			
<input type="checkbox"/> Accommodation <input type="checkbox"/> Long-Term Rental <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Short Term Rental <input type="checkbox"/> Tourist Accommodation <input type="checkbox"/> Administrative / Support <input type="checkbox"/> Agriculture / Forestry / Fishing / Hunting <input type="checkbox"/> Arts / Entertainment / Recreation	<input type="checkbox"/> Automotive / Mechanical <input type="checkbox"/> Construction <input type="checkbox"/> Educational Services <input type="checkbox"/> Financial / Insurance <input type="checkbox"/> Food / Beverage / Liquor <input type="checkbox"/> General / Personal Services <input type="checkbox"/> Health Care / Social Assistance <input type="checkbox"/> Information / Cultural Industries	<input type="checkbox"/> Management of Companies / Enterprises <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining / Quarrying / Oil / Gas Extraction <input type="checkbox"/> Public Administration <input type="checkbox"/> Professional / Scientific / Technical Services <input type="checkbox"/> Real Estate / Rental Leasing	<input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation / Warehousing <input type="checkbox"/> Utilities <input type="checkbox"/> Waste Management / Remediation Services <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Other Services:

Part Six: Business Operations and Premises (If applicable)					
Proposed Opening Date of New Location:					
Number of People Working in the Business (including owners):					
Full-time Employees:		Part-time Employees:		Seasonal Employees:	
Where are your customers?	<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> Provincial	<input type="checkbox"/> National	<input type="checkbox"/> International
Will your business include any of these goods or services?	<input type="checkbox"/> Food	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Body Services	<input type="checkbox"/> Child Care	<input type="checkbox"/> Retail Cannabis
New or existing building?	<input type="checkbox"/> New Building	<input type="checkbox"/> Existing Building	<input type="checkbox"/> Building in Progress	<input type="checkbox"/> No Building	
Do you rent or own the building?	<input type="checkbox"/> I rent the building		<input type="checkbox"/> I own the building		<input type="checkbox"/> Other:
Is any construction or renovation contemplated? * <input type="checkbox"/> Yes <input type="checkbox"/> No (If <u>yes</u> , please specify):					
<i>*If yes, a building permit may be required. Please note that if a building permit is required, your business licence will not be issued until the building permit process is completed.</i>					
Are you installing a sign? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Business Floor Area (m²):		Number of Off-Street Parking Spaces:	
Food or Drink Establishment:					
Number of Seats:					
Rental Accommodation (secondary suites, apartment buildings, tourist accommodation, and campgrounds):					
Number of Bedrooms, Units or Campsites:					
Short Term Rentals (STR) / Bed and Breakfast:					
Number of Bedrooms:		Number of Guests:		Owner lives onsite <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Information (if different than Part 2) will be listed on licence and the City's Online Business Licence Directory					
Name:			Phone:		
Provide proof of principal residence by including: <input type="checkbox"/> Provincial Homeowners Grant; or at minimum 2 of the following:					
<input type="checkbox"/> Drivers License or Government ID	<input type="checkbox"/> Government Records	<input type="checkbox"/> Tax Documents	<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> Other	
Home Occupations (excluding secondary suites, bed and breakfasts, and STRs)					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any internal / external structural alterations to the principal building or any indications that the building is used for any purpose other than a dwelling?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any external display or advertisement of a sign which exceeds 0.3 m ² in area?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any external storage of materials, containers or finished products?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any use of mechanical equipment?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any non-resident employees?				

Part Seven: Signatures	
<p>Note: Unless otherwise instructed by the licensee, information on this form will be released for listing on an internet base. Please consult the Business Licence Guide to make sure you understand the content of this form. For questions related to this form, please contact Development Services at (250)-837-3637 or email development@revelstoke.ca.</p>	
<input type="checkbox"/>	I hereby make an application for a Business Licence in accordance with the particulars as above stated and declare that the above statements are true and correct.
<input type="checkbox"/>	In accordance with the application checklist and advisement of City staff, I have included all necessary documentation and plans required for this application.
<input type="checkbox"/>	I understand that the granting of a business license is dependent on being in compliance with the Bylaws of the City and that the proposed business will not be carried out in contravention of the <i>Criminal Code</i> or the <i>Controlled Drugs and Substances Act</i> .
<input type="checkbox"/>	I undertake, if granted the license applied for, to comply with every obligation contained in the Bylaws now in force, or which hereafter, come into force in the City.
<input type="checkbox"/>	I will provide written notification to the City and submit an Update to Existing Business Licence application, if proposing name, address, ownership, or location changes.
<input type="checkbox"/>	I understand that licenses are automatically renewed, and applicable fees are charged. Should we choose to cease operation of the business, it is our responsibility to advise the City and submit a completed Business Licence Cancellation Form, to ensure cancellation the business license prior to December 31.

Name:		Signature:		Date:	
Office Use Only					
Application No.:		Licence No.:		Customer ID:	
NAICS Code:		Code / Licence Type:		Fee:	
Planning <input type="checkbox"/> Yes <input type="checkbox"/> No		Building <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Date of Review	Comments			Initials of Approval
Planning					
Building					
Fire					
Interior Health					
Additional Comments:					