

BUSINESS LICENCE ACCOUNT NO:	
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BUSINESS INFORMATION	<i>PLEASE PRINT CLEARLY</i>	NEW	CHANGE	CANCEL
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Legal Operating Name:				
Contact Person:		Phone #:		
Location Address:		Prov:	Postal:	
Mailing Address		Prov:	Postal:	
Email Address:	Website:			
Landlord's Name	Phone #:			

Include my website & email address in the Business Directory on lakecountry.bc.ca	No	Yes
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OWNER INFORMATION

Owner Name(s):				
Mailing Address:		City:		
Phone:		Prov:	Postal:	

BUSINESS DESCRIPTION

Detailed description of business (Products and/or Services)

Where do the business activities take place? Fixed Location Address Other

Previous business at this Location:

Provincial approvals required? If yes, please attach. No Yes

If applying for a Bed and Breakfast or Short-Term Rental, please attach a Parking Plan and Floor Plan No Yes

Is your business a Home Occupation? No Yes

If YES, is this your principle dwelling? No Yes

Any construction, renovation or added plumbing proposed? No Yes

If Home Occupation: Floor area of entire home sq. ft.

Floor area of business portion of home sq. ft.

Commercial/Industrial:

If Store Front: Floor area of commercial space sq. ft.

Multiple Locations? No Yes

Inter-Community:

If you are doing business in any other participating community, do you wish to apply for an Inter-community Business Licence? No Yes

BUSINESS SURVEY (PLEASE INCLUDE ANY ADDITIONAL COMMENTS ON A SEPARATE SHEET AND ATTACH)

On a scale from 1-10 (*1=Poor & 10=Excellent*) how do you rate the current state of business in the community?

How many people does your business employ full time?

At which location do your employees work?

How many people does your business employ part time?

At which location do your employees work?

Do you plan to exit the business in the next 5 years?

No Yes

If yes, why?

Does your business face any major barriers to growth and success?

No Yes

If yes, please explain

DECLARATION

I, (We) _____, hereby make application for a licence in accordance with the particulars as above stated and declare that the above statement is true and correct. I undertake that if granted the licence applied for, I will comply with each and every obligation contained in all the Laws and By-laws now in force or which may hereafter come into force in the District of Lake Country (including but not limited to the Business Licensing Bylaw, Fees Bylaw, Zoning Bylaw, and Building Bylaw). All parking will be contained on the property associated with the business. If this application relates to an inter-community business licence, I further understand that I must adhere to the bylaws in every municipality in which I operate. If this application involves the use of premises for business purposes that the premises may not be occupied until they have been inspected by the authorities concerned and a licence issued. I also understand, the payment of the Business Licence fee in advance does not guarantee approval. I understand that information gathered through this application process is governed and routinely releasable through the Freedom of Information Protection of Privacy Act.

Signature of Applicant

Name (print)

Date

FEES (2021 – If first calendar year of operation for entirely new business the applicant will pay zero fee.)

First year free (ie: applicant has never applied for a similar business before in the District)	\$0.00
Renewal or Reopening of Home Occupation Business	\$79.50
Renewal or Reopening of Storefront Business	106.00
Transfer Fee (location or ownership)	\$64.80
Inter-community Licence Fee (<i>Business must hold DLC licence as well</i>) no discounts	\$150.00
Non-Profit Societies (excluding Marijuana Dispensaries & Grow Operations)	\$0.00
Marijuana Dispensaries and/or Grow Operations	\$530.75
Mobile Vendor operating on public property (Mobile Vendor Application required)	

Application Received by: _____

OFFICE USE ONLY			
ROLL #:			
ZONING DESIGNATION:	ALR <input type="checkbox"/> Yes <input type="checkbox"/> No Land Use Contract <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Storefront Business <input type="checkbox"/> Home Occupation: <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Country <input type="checkbox"/> Non-Resident Business <input type="checkbox"/> Agri-tourism			
	SIGNATURE	COMMENTS	DATE
<input type="checkbox"/> Planning Technician		Recommend Licence Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Licence Inspector		Licence Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Fire Inspector			
<input type="checkbox"/> Bylaw Enforcement			
<input type="checkbox"/> Building Inspector			
<input type="checkbox"/> Interior Health Approval	Emailed to Interior Health <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by Interior Health <input type="checkbox"/> Yes <input type="checkbox"/> No	