



BUSINESS LICENCE APPLICATION

TYPE OF APPLICATION

<input type="checkbox"/> New	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Name
------------------------------	--	--	---

Commercial (business operating from a commercial location within White Rock ie restaurant, retail space)

YES	NO	Do you have, or intend to have, any Bank machines?
YES	NO	Do you have, or intend to have, any Vending machines
YES	NO	Have you applied for Sidewalk Licence?
YES	NO	Proposing a new sign or changing an existing sign If yes, apply for a sign permit application

Non-Resident (contractors and other businesses based elsewhere but doing business within White Rock)

Trades Persons TQ# _____ (plumbing, gas, electrical)

Home Occupation (business operating from a residential location within White Rock)

●Do you Own the home _____ **if no, you need written consent from the owner to operate**

Home Occupation businesses must comply with the City of White Rock's "Accessory to Home Occupation Use" Bylaws

BUSINESS INFORMATION

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation or Limited Co.	<input type="checkbox"/> Partnership
--	---	--------------------------------------

Type of business? _____

How many employees do you have working less than 20 hrs /week? _____ Full-time employees? _____

Business or Trade Name: _____ Business Start Date _____

Registered Company Name: _____

1. Business Location: _____
Address postal code

2. Business Mailing Address: _____
If different than above Address postal code

Bus Tel: _____ Fax: _____ Cell: _____

OWNERSHIP INFORMATION

Name: _____ Title/Position _____

Home Address: _____

Tel: _____ Cell: _____ Email: _____

I hereby make application for a business licence in accordance with the above-stated information and declare that the statements are true and correct. I agree, if granted a licence, to comply with all relevant bylaws now in force or which may come into force in the City of White Rock.

Signature

Date

O F F I C E U S E O N L Y

Customer#	Rate Code	
Cash Interac Cheque Amount \$	Visa/MC #	
Vending Machines:	Rooms	
Bank Machines		
ZONING:	MAP:	

R E Q U I R E D A P P R O V A L S & I N S P E C T I O N S

	DATE BOOKED	DATE BOOKED	PASSED? ✓	
Fire Dept				
Health Unit	Faxed date			
Building				

PRO- RATING SCHEDULE:
 AUGUST 1 – LESS 25%
 NOVEMBER 1 - less 50% - maximum discount