



# TOWN OF GIBSONS

Box 340 Gibsons, B.C. V0N 1V0  
Phone: (604) 886-2274  
Fax: (604) 886-9735

## BUSINESS LICENCE CHANGE/CANCEL

Date: \_\_\_\_\_

### Existing Information:

Name/ Business: \_\_\_\_\_

DBA: (if different) \_\_\_\_\_

Account Number: \_\_\_\_\_ Class Code: \_\_\_\_\_

Business Location: \_\_\_\_\_

### CHANGE TO: **Note: Change in business ownership requires new application and \$10 transfer fee.**

Name of Business: \_\_\_\_\_

DBA: (if different) \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Location: \_\_\_\_\_

Account No.: \_\_\_\_\_ Class Code: \_\_\_\_\_

Fee Adjustment: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

### CANCELLATION:

Reason: \_\_\_\_\_

Effective Date: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

### FOR OFFICE USE ONLY

INSPECTION/APPROVAL IF REQUIRED: FIRE DEPT: 9 HEALTH DEPT: 9 LICENCE INSPECTOR: 9

Change entered: \_\_\_\_\_ (Initial) To file:  Date: \_\_\_\_\_

Copies required: Fire Dept.  RCMP  Health

APPROVED: \_\_\_\_\_  
Licence Inspector

*The personal information collected on this form is done so pursuant to the Community Charter and/or the Local Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The personal information collected herein will be used only for the purpose of processing this application or request and for no other purpose unless its release is authorized by its owner, the information is part of a record series commonly available to the public, or is compelled by a Court or an agent duly authorized under another Act. Further information may be obtained by speaking with the Town's Director of Corporate Administration at 604-886-2274 or 474 South Fletcher Road, Gibsons.*