



**TOWN OF GIBSONS
BUSINESS LICENCE BYLAW 666
APPLICATION FOR BUSINESS LICENCE**

APPLICANT'S INFORMATION

APPLICANT'S NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
TELEPHONE NO.: _____
CELL PHONE NO.: _____
EMAIL: _____

BUSINESS INFORMATION

BUSINESS NAME: _____
OWNER/MANAGER (IF DIFFERENT FROM APPLICANT) _____
BUSINESS MAILING ADDRESS: _____
BUSINESS LOCATION: _____
BUSINESS PHONE NO.: _____
CELL PHONE NO.: _____
TYPE OF BUSINESS: _____
NO. OF EMPLOYEES: _____
FLOOR AREA TO BE USED (RETAIL): _____
NO. SEATS (RESTAURANT): _____
NO. UNITS (COMMERCIAL GUEST ACCOMMODATION/APARTMENT): _____

I/we hereby apply for a Town of Gibsons' business licence in accordance with the particulars as above stated and declare that all statements made in the application are true and correct. I/we will abide by all the bylaws now in force or which hereafter come into force in the Town of Gibsons. I/we will notify the Town of Gibsons of any changes in the above stated particulars. I understand that any alterations made to signs or new signage/sandwich boards in conjunction with the business requires a sign permit.

Signature of Applicant

Date

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 Corporate Officer at 604-886-2274 or 474 South Fletcher Road, Gibsons.

OFFICE USE ONLY

APPROVALS REQUIRED	NO	YES	DATE	COMMENTS
Building Inspection				
Fire Review (GDVFD)				
Health Inspection (VCH)				
Zoning Check				

APPROVED

NOT APPROVED

Date:

Date:

Fee Amount:

Reason:

Inter-Community Business Licence (Y/N):

Date Referred to Council:

Class Code:

Decision:

Licence Number:

Conditions of Approval:

 LICENCE INSPECTOR Signature
 (Signature constitutes authority to issue licence)