



Town of Gibsons  
**Business License  
 Application Checklist**

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**This form is to be completed as accurately as possible to assist in the reviews from all necessary departments for all new business license applications.**

Name of Company or Business: \_\_\_\_\_

Proposed business address including unit number: \_\_\_\_\_

Business Owner(s) Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What is the intended purpose, use or service the business will be providing: \_\_\_\_\_

What is the property's Zoning: (See schedule A of Zoning Bylaw 1065) \_\_\_\_\_

Is the property zoned for this use? (See Zoning Bylaw 1065 or confirm with Planning department)      YES      NO

Is the building or space owned, rented or leased by the applicant? \_\_\_\_\_

If rented or leased, is the intended use of the space approved by the property or building owner?      YES      NO  
 (A copy of the owner's approval may be required)

Property/Building owner's information (if property/building owner is different from the business owner):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Is this a home occupation and/or live-work arrangement?      YES      NO

Will there be clients or customers attending the building or space?      YES      NO

Proposed occupant load: (maximum number of people in the building or space including employees or customers)  
 \_\_\_\_\_

Is a tenant improvement proposed as part of this new business? (renovation/alteration)      YES      NO

If yes, please describe scope of work: \_\_\_\_\_

Will this be considered a change of use? (if unsure, please contact building department)      YES      NO

Is this a newly constructed building or space?      YES      NO

If yes, and a building permit has been applied for/issued, provide the building permit #: \_\_\_\_\_

If no, what was the last known use of this building or space? \_\_\_\_\_

Will there be any structural alterations proposed?      YES      NO

If yes, a building permit will be required, please contact the building department for permit information.

Will there be any exterior alterations proposed?      YES      NO

If yes, please contact the Planning department to discuss any possible development permits.

If the use of the space is changing (and the business is not a home occupation) how many parking spaces are:

Required: \_\_\_\_\_ Provided: \_\_\_\_\_

Please include a parking plan. See Zoning Bylaw 1065 Part 6.12 for parking requirements.

Will there be any cooking proposed as part of this new occupancy or business? YES NO

1) If yes, what class of cooking operation? (1-5) \_\_\_\_\_

Please see Classes of Cooking Operations Guidelines – Contact building department for info

2) Is there a grease interceptor installed on any appliance? YES NO

Will you be doing any major plumbing alterations? (ie: adding a washroom or kitchen) YES NO

If yes, infrastructure services fees may apply. Please contact the infrastructure department for more info

Is your business a fermentation operation? (ie: nano/home brewing or distillery) YES NO

If yes, please note the Town's "Sanitary Sewer Regulation Bylaw No. 1194" which outlines sewer user fees for these types of operations and regulations regarding Fermentation Operations.

Is the building or space equipped with accessibility provisions? YES NO

If yes, please provide details: \_\_\_\_\_

Have fire extinguishers and emergency lighting been inspected or tested by a registered fire protection technician and are up to date? YES NO

Is the building equipped with a sprinkler system? YES NO

If no, are sprinklers proposed? YES NO

Is there a fire alarm system in place? YES NO

Is there a fire safety plan posted within the business (if required due to occupancy type) YES NO Y N/A

Please contact Gibsons Fire Department for more information

Has Vancouver Coastal Health approval been granted? (If required) YES NO N/A

Will you be storing any hazardous materials? YES NO

Will there be any storage racks installed? (Show on floor plans) YES NO

Will you be installing a sign for your business? YES NO

If yes, has a sign permit been applied for? YES NO N/A

Sign permit number: (if assigned) \_\_\_\_\_

**As part of this referral questionnaire, please provide a floor plan showing existing vs proposed. (Must include total floor area, and positioning of any equipment, counters, walls, washrooms, partitions, doorways, exits, shelving racks etc.)**

I/we hereby declare that all statements made in this document are true and correct. 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.

Business Owner Name: (please print) \_\_\_\_\_

Business Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_