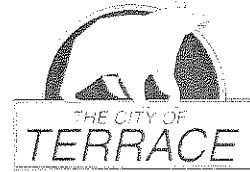


APPLICATION FOR BUSINESS LICENCE

5003 Graham Avenue, Terrace, BC V8G 1B3

(250) 615-4000 Fax (250) 635-3467



ACCOUNT # _____

The information collected on this form will be used to process your application for a business licence. Under the Freedom of Information and Privacy Act, when requested we are required to release portions of this information. If you have any questions regarding the use of this information, contact the City's Freedom of Information Co-ordinator at (250) 638-4722.

COMPANY/OWNER NAME: _____

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

CONTACT/MANAGER NAME: _____

PROPRIETORSHIP PARTNERSHIP REGISTERED COMPANY SOCIETY

BUSINESS LOCATION: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

BUSINESS PHONE: _____ HOME/ OTHER PHONE: _____

FAX: _____ EMAIL: _____

-Is there any construction and/or renovation taking place or planned? _____

-Type of construction or renovation _____

-Previous use of space _____

Please complete the following where applicable:

Total Floor area _____ Rental Units _____ Total persons employed _____ Other/TQ _____

Total Vehicles _____ Home Occupation yes no

I, We _____ hereby make application for a Business Licence in accordance with the information stated above and declare that the above information is true and I agree that if the licence applied for is granted, I will comply with all regulations, laws, bylaws now in force or which may come into force within the City of Terrace. There may be federal or provincial statutes or regulations applicable to the business for which this licence application is made. It is the responsibility of the applicant to ensure compliance with all such statutes and regulations.

I further understand that if this application involves the use of premises for business purposes that they may not be occupied until they have been inspected by the City Departments concerned and a licence issued. I also understand that the payment of the Business Licences fee in advance does not guarantee approval and business may not commence without a Business Licence being issued. **IF A HOME-BASED BUSINESS:** I have received and will comply with the Home-Based Business Zoning Regulations.

DATE: _____ PRINCIPAL/OFFICER SIGNATURE _____

OFFICE USE ONLY:
CODE # _____ # OF UNITS _____ FEE _____
DESCRIPTION: _____
APPROVED BY: _____ EFFECTIVE DATE: _____