

Business Licence Application

Businesses operating in the District of Stewart are required to have a valid business licence. The information requested in this application is necessary to fully evaluate your request for a business licence. Completion of this form does not guarantee approval of a business licence, nor should business be commenced prior to a licence being issued.

Application Type:	(Mark all that are applicable:)	_						
New Licence	Non- Resident	Mobile Business		Home B Bus	ased iness		Change of Owner	Change of Address
BUSINESS OWNER	INFORMATION:			PROPE	RTY OW	NER INF	ORMATION:	
Business Name:				Name	of Owner	r (s):		
Name of Owners:				Mailing	g Address	s:		
Street Address:								
Mailing Address:				Phone:				
	Fa	x:		Fax:				
Email (optional):				Email (optional):			
Website (optional):				Proper	ty Tax Ro	oll #:		
		GE	NERAL IN	IFORMAT	ON			
To be completed for	or all Business Licenc	e Applications						
Description of business to be conducted:								
Previous use o	f space (if different):							
Previous use of space (if different):								
Does your business conform to the Zoning Bylaw? Yes No								
Size of premises to be occupied: (m2 / f2)								
Does your bus	iness have off-street	parking?		Yes		No	(If yes, numbe	er of stalls:)
Is your busine	ss a Home-Based Bus	iness (HBB)?		Yes		No	(if yes, read &	sign Zoning Bylaw excerpt)
For HBB, will clients be coming to your home?				Yes		No	(if yes, inspect	tion required)
Is your business a Mobile Restaurant or Vendor? Yes (if yes, permission from property owner requ					sion from property owner required)			
Is your business a Mobile Restaurant, Itinerant Show or Entertainment? Yes No (if yes, submit copy of insurance policy)								
			AUTHO	RIZATION				
Local business informat	ion is displayed on the Dist	rict website under '	Directory o	of Services".	Please ma	rk the follo	wing to be shown for	r your business:
Busine	ess Name Ph	none Number	Ac	dress	V	Vebsite	Email add	dress
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 District of Stewart								
Signature of Applicant: Date:								

Your personal information is maintained in accordance with the *Freedom of Information & Protection of Privacy Act*. If you have any questions regarding the use of your personal information, please call the Director of Corporate Services for the District of Stewart at (250) 636-2251



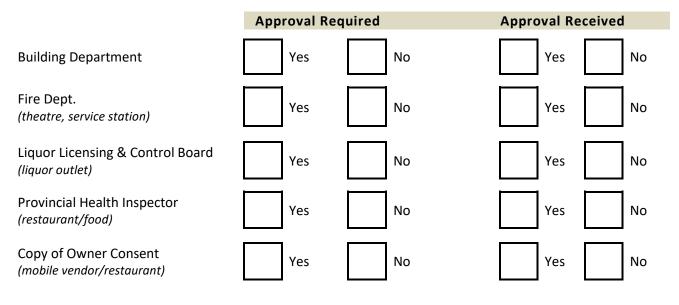
District of Stewart

Business Licence Application – FOR OFFICIAL USE ONLY

VERIFICATIONS

Property Zoning:			
Use Permitted?	Yes:		
	No:		

APPROVALS



LICENCE ISSUANCE

Business Licence #:	
Business Classification:	
Billing Class #:	
Licence Fee:	
Date Payment Received:	

APPROVED: