

 City of Revelstoke Box 170, 216 Mackenzie Ave Revelstoke, BC V0E 2S0 Ph: (250) 837-3637 Fax: (250) 837-3632 development@revelstoke.ca www.revelstoke.ca	<h1 style="color: red;">BUSINESS LICENCE APPLICATION</h1> <p>Open Building Permit at Civic Address: YES # _____ / NO</p>	For Official Use Only
		Licence Number: _____ Date of Application: _____ Application Accepted by: _____ Classification Code: _____ Roll Number: _____

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

New Application <input type="checkbox"/> Inter-Community	Change to Existing Licence <input type="checkbox"/> <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change	Cancellation of Licence <input type="checkbox"/>
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Business Name			
Applicant Name			
Business Location Contact Information	Civic Business Address:		Phone:
	Mailing Address:		Cell Phone:
	City:		Fax:
	Postal Code:	e-mail:	

Description of Business			
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Home Occupation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Zoning Designation	
Is the Business Location currently under construction and/or renovation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Previous / Current use of Business Location?	
Is construction and/or renovation planned for the Business Location prior to business opening?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Commercial Floor Area (sqft)	
Does the Business Location require new or altered signs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Food/Liquor Services Only Number of Seats	
Does the Public attend the Business Location?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Accommodation / Apartments Only Number of Units	
Have the parking requirements of the Zoning Bylaw been met?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vacation Rentals Only 24hr Emergency Contact Number	

Registered Property Owner	Name:		Phone:
	Mailing Address:		Cell Phone:
	City:		Fax:
	Postal Code:	e-mail:	

****The Licensed Period is January 1 to December 31****

I, hereby make an application for a licence in accordance with the particulars as above stated and declare that the above statements are true and correct. I undertake that if I am granted the licence that I applied for, I will comply with all obligations contained in the Bylaws and amendments thereto in force or which may hereafter come into force in the City of Revelstoke.

Applicant Signature: _____ **Date:** _____

Property Owner Signature: _____ **Date:** _____

(or Authorized Agent)

Personal information on this form is required for the purpose of processing this application, administration and enforcement. The personal information is collected under the authority of the Community Charter Section 8(3)(1), and the City of Revelstoke Bylaw No. 1503. If you have any questions regarding this collection please contact the Director of Finance, City of Revelstoke, (250) 837-2161.

For Official Use Only			
Type of Business (Code):	Planner		
Building Official	Fire Prevention Officer		
Environmental Health Officer	Fee \$		