

BUSINESS LICENCE APPLICATION

Any personal information that is collected on this form will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions or concerns regarding the collection, use, disclosure or safe-guarding of personal information associated with this form, please direct enquiries to the Freedom of Information Clerk, City Clerk's Office at 604.541.2127.

BUSINESS INFORMATIO	ON			
Business Name:			Company Name:	
Mailing Address: \	Unit #	Address:		
City:			Postal Code:	
Business Address:	Unit #:	Address:		
City:			Postal Code:	
Phone #:		Cell #:		
Email:			Years in Business:	
OWNERSHIP OR CONTA	ACT INFORMATION (PI			
Name:		Title/Position:		
Phone #:		Email:		
Home Address:				
Opening Date: No. of Employees:				
TQ# (For Construction Trades Only):				
No of Rental Units:				
BUSINESS DIRECTORY				
O Include my business for the City's complimentary online Business Directory on the City of White Rock's website.				
DESCRIBE NATURE OF I	RUSINESS			
Nature of Business:	DODINESS			
Are you doing any build	ding alterations or reno	vations? Yes: (A	No:	
Building Permit is required b				
Are you installing a new	v sign or changing the c	opy of an existing sign:	Yes:]	No:]
I/we, the undersigned is hereby authorized to apply for a Business Licence in accordance with the information stated, and declare that the statements are true and correct. I/we, undertake, if granted the licence applied for, to comply with each and every obligation contained in the bylaws now in force or which may hereafter come into force in the City. I/We, further understand that all business licences expire each year and must be renewed each new year. Every Business Licence is subject to review at any time and may be suspended or revoked for cause.				

WHITE ROCK City by the Sea!

Date:

Signature: