



City of Burnaby
 Building Division, Planning and Development Department
 2ND Floor, 4949 Canada Way, Burnaby, BC V5G 1M2
 Phone: 604-294-7130 Fax: 604-294-7986



OCCUPANT LOAD/LIQUOR LICENSE REFERRAL APPLICATION FORM

Application Date: _____

Plan Checker (PC): _____

Section 1: Property Information

SITE ADDRESS:			POSTAL CODE:		
LEGAL DESCRIPTION:	Lot:	Block:	DL:	Plan:	
Business Name:					Unit #
Occupancy Type: <input type="checkbox"/> Restaurant <input type="checkbox"/> Other:					
Total number of occupants:					
Number of staff:					
Number of patrons inside:					
Number of patrons outside (if applicable ie. Patio):					

Section 2: Building Owner(s)

BUILDING OWNER:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
E-MAIL :		

Section 3: Business Owner(s)

BUSINESS OWNER:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
E-MAIL :		

Section 4: Preferred Contact

PREFERRED CONTACT:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
E-MAIL :		
Who will be paying for the application fees: <input type="checkbox"/> Business Owner <input type="checkbox"/> Preferred Contact <input type="checkbox"/> Other:		

I acknowledge that the Occupancy Load/Liquor License fee is non-refundable.

Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at FOI@burnaby.ca or by calling 604-294-7944 or in person at City Hall at 4949 Canada Way, Burnaby.

Applicant Name: _____

Owner Agent Contact

Signature

Date

FOR STAFF USE ONLY - CIRCULATION			
	Date Forwarded	Returned	
Plan Checking - Building <input type="checkbox"/>	_____	_____	Current Planning <input type="checkbox"/>
PERMIT NUMBER:	OCL		