LICENCE OFFICE



4949 Canada Way, Burnaby, BC V5G 1M2 Phone 604-294-7320 Fax 604-294-7163 Licence@burnaby.ca

Βl

CA&E

FHA

PUC

OTHER

TOTAL DUE

BUSINESS LICENCE A		Date		
		Applicant Information	ation	
1. Location of Business				
2. Licencee				
3. Opening Date	Days/Hours of Operation			
4. Mailing Address				
	Postal Code Emerg Cell Fax			
5. Tel Number Bus	En	Emerg		Fax
6. Email				
7. Contact Name		Title	Phone	
8. Trade Name				
9. Organization Type	Sole Proprietor	Partnership	Company	🗆 Not For Profit
10. Type of Business (des	cription)			
11. Class Description				# of Empl's
12. Certification #s (if app				
13. Conditions				
Home Based Busines	s: No stock, storage or	non-residing employ	ees permitted	
				(Initial or sign here)
14. Are you relocating a current business in Burnaby? Account Nur			ber	
applied for, I/We will comply with a NOTE: Business Licences are public on this form is collected under the Information and Protection of Priv	records and are available in va authority of the Community Cl	arious additional publication	s on the City website and/or in ha	ard/soft copy format. All information I pursuant to the Freedom of
Signed	ned Date			
		•	ed by the previous e Licence Office) the Busi	
Business Licence Acct # Date			AMOUNT ENCLOSED	
Signed	Print Name			\$
Please Note: A	pplication is subject	to a non-refundal	ble fee as specified in	Bylaw #13809
		OFFICE USE ON		•
Zone			ACCOUNT NO.	
BY-LAW NO.	FEES			
	LICENCE			□ NAME CHANGE
BUILDING 🗆 RCMP			TRANSFER	
FIRE 🗆 PPA	□ TRANSFE	R		

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