



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 Based Business Change of Owner Change of Address

BUSINESS OWNER INFORMATION:	PROPERTY OWNER INFORMATION:
Business Name: _____	Name of Owner (s): _____
Name of Owners: _____	Mailing Address: _____
Street Address: _____	_____
Mailing Address: _____	Phone: _____
Phone: _____ Fax: _____	Fax: _____
Email (optional): _____	Email (optional): _____
Website (optional): _____	Property Tax Roll #: _____

GENERAL INFORMATION

To be completed for all Business Licence Applications

Description of business to be conducted: _____

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 business have off-street parking? Yes No (if yes, number of stalls: _____)

Is your business a Home-Based Business (HBB)? Yes No (if yes, read & sign Zoning Bylaw excerpt)

For HBB, will clients be coming to your home? Yes No (if yes, inspection required)

Is your business a Mobile Restaurant or Vendor? Yes No (if yes, permission from property owner required)

Is your business a Mobile Restaurant, Itinerant Show or Entertainment? Yes No (if yes, submit copy of insurance policy)

AUTHORIZATION

Local business information is displayed on the District website under "Directory of Services". Please mark the following to be shown for your business:

Business Name Phone Number Address Website Email address

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:** _____



District of Stewart

Business Licence Application – *FOR OFFICIAL USE ONLY*

VERIFICATIONS

Property Zoning: _____

Use Permitted? Yes: _____

No: _____

APPROVALS

	Approval Required		Approval Received	
Building Department	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Dept. <i>(theatre, service station)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor Licensing & Control Board <i>(liquor outlet)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provincial Health Inspector <i>(restaurant/food)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Owner Consent <i>(mobile vendor/restaurant)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LICENCE ISSUANCE

Business Licence #: _____

Business Classification: _____

Billing Class #: _____

Licence Fee: _____

Date Payment Received: _____

APPROVED: _____
Licence Inspector
Date
Signature