



Corporation of Village of Valemount
 P.O. Box 168, Valemount, B.C. V0E 2Z0
 Phone: (250) 566-4435 Fax: (250) 566-4249

APPLICATION / RENEWAL FOR A BUSINESS LICENSE

Applicant / Owner's name: _____ Hm Ph. #: _____ Wk Ph. #: _____

Business name: _____

Business mailing address: _____ Type of business: _____

Business location: _____ Is this a change in location? _____

Gross floor area of building: (if applicable) _____ square metres

Number and type of washroom(s) provided: (if applicable) _____

Number of off-street parking spaces provided: (if applicable) _____

Is this a renewal of an existing license? _____ If yes, have there been any modifications to your building in the last year? _____ If yes, briefly describe modification(s) _____

Dated this _____ day of _____, 20____

SIGNATURE OF APPLICANT: _____

OFFICE USE ONLY

Present Zoning	_____	Requires building inspection?	_____
OCP Designation	_____	Requires fire safety inspection?	_____
Is proposed use permitted?	_____	Change in Occupancy?	_____
New Construction?	_____	Health approval required?	_____

Fee: \$ _____

Approved this _____ day of _____, 20____

- Corporate Officer
- By-Law Enforcement Officer
- Chief Administrative Officer

Signature