



Business Licence Application Form

<input type="checkbox"/> COMMERCIAL/INDUSTRIAL	<input type="checkbox"/> HOME BASED	<input type="checkbox"/> NON RESIDENT
<input type="checkbox"/> INTER-MUNICIPAL LICENCE (\$250)	<input type="checkbox"/> CHANGE OF BUSINESS NAME	<input type="checkbox"/> CHANGE OF LOCATION (\$50)
<input type="checkbox"/> CHANGE OF OWNER (\$50 COMMERCIAL)		

SECTION A TO BE COMPLETED BY ALL BUSINESS LICENCE APPLICANTS
BUSINESS INFORMATION NOTE: BUSINESS INFORMATION IS NOT CONSIDERED PERSONAL INFORMATION AND MAY BE RELEASED IN A PUBLIC DOCUMENT

BUSINESS NAME			
TYPE OF BUSINESS <small>WHAT SERVICE(S) ARE YOU PROVIDING?</small>			
PROPOSED START DATE OF BUSINESS			
BUSINESS OWNER NAME	LAST	FIRST	
BUSINESS LOCATION ADDRESS		CITY	POSTAL CODE
MAILING ADDRESS <small>(IF DIFFERENT FROM ABOVE)</small>		CITY	POSTAL CODE
CONTACT INFORMATION <small>(PHONE NUMBERS ARE RELEASED IN A PUBLIC DOCUMENT)</small>	CELL	WORK	
WEBSITE	EMAIL		
NUMBER OF EMPLOYEES INCLUDING BUSINESS OWNER(S)	**HOME BASED AND COMMERCIAL BUSINESSES: WOULD YOU LIKE YOUR BUSINESS TO BE INCLUDED IN OUR BUSINESS LICENCE DIRECTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FULL TIME	PART TIME		

CONTRACTORS: PLEASE PROVIDE APPLICABLE TRADE ACCREDITATION/LICENCE NUMBER:

ELECTRICAL LEL# _____ GAS LGA# _____ SECURITY B _____

PLUMBING TQ# _____ ISSUE DATE _____ TQ HOLDER NAME _____

SECTION B THIS SECTION MUST BE COMPLETED FOR ANY TYPE OF HOME BASED BUSINESS
HOME BASED BUSINESS NOTE: A HOME INSPECTION IS REQUIRED PRIOR TO ISSUANCE OF LICENCE TO ENSURE COMPLIANCE WITH ACCESSORY HOME OCCUPATION USE.

WHAT IS THE TOTAL GROSS FLOOR AREA OF THE HOME: _____ SQ FT OR _____ M2	HOW MUCH FLOOR SPACE WILL BE USED FOR THE BUSINESS: _____ SQ FT OR _____ M2
WILL YOU HAVE ANY GOODS OR EQUIPMENT STORED ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE THE ITEMS:	WILL YOU HAVE A VEHICLE(S) OVER 5500 KGS STORED ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE:
	WILL YOU HAVE CLIENTS ON-SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU BE MAKING ANY CHANGES/RENOVATIONS TO THE HOME TO ACCOMMODATE THE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE: (PLEASE NOTE PERMITS MAY BE REQUIRED)	WILL YOU BE HOLDING GROUP SESSIONS AND/OR CLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST THE TYPE: _____
	IF YOU ARE APPLYING FOR A DAYCARE LICENCE, HOW MANY CHILDREN WILL BE IN YOUR CARE: _____



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SECTION C

ADDITIONAL INFORMATION

COMMERCIAL BUSINESS

IF YOUR BUSINESS IS OPERATING FROM A COMMERCIAL OR INDUSTRIAL UNIT IN MAPLE RIDGE

WILL YOU BE MAKING CHANGES AND/OR RENOVATIONS TO THE PREMISES /UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE: (PLEASE NOTE PERMITS MAY BE REQUIRED)
WHAT IS THE TOTAL GROSS FLOOR AREA OF BUSINESS: _____ SQ FT OR _____ M2	
IF YOU ARE APPLYING FOR A COMMERCIAL DAYCARE, HOW MANY CHILDREN WILL BE IN YOUR CARE? _____	
ARE YOU SHARING PREMISES WITH ANOTHER BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS THE NAME OF THE BUSINESS:	WILL YOU BE HOLDING ANY CLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST THE TYPE: MAXIMUM NUMBER OF PARTICIPANTS PER CLASS _____
IF OPERATING A RESTAURANT/CAFÉ PLEASE PROVIDE: NUMBER OF SEATS IN THE RESTAURANT _____ **PLEASE CONTACT THE LOCAL FRASER HEALTH AUTHORITY TO OBTAIN FRASER HEALTH APPROVAL WILL YOU BE SERVING ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO **PLEASE CONTACT THE LIQUOR & CANNABIS REGULATION BRANCH TO OBTAIN APPROVAL	WILL YOU BE INSTALLING AND/OR CHANGING ANY SIGNAGE? (PLEASE NOTE PERMITS MAY BE REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO

WHO CAN WE CALL IN CASE OF AN EMERGENCY AT YOUR BUSINESS (FIRE AND/OR RCMP)

PLEASE NOTE – THE PERSON LISTED BELOW MUST BE ABLE TO RESPOND WITHIN 30 MINUTES OF BEING CONTACTED

NAME: _____ PHONE: _____
 **THIS CAN BE THE BUSINESS OWNER

HOME ADDRESS: _____

I/we the undersigned make application for a business licence in accordance with the information given and declare the statements are true and correct. I/we understand that a business cannot operate without first obtaining a valid business licence and payment of the application fee does not guarantee the issuance of a licence. I/we undertake, if granted the licence applied for, to comply with each and every obligation contained in bylaws now in force or which may hereafter come into force in the City of Maple Ridge.

FORM COMPLETED BY : _____ SIGNATURE: _____

POSITION IN BUSINESS: _____ DATE: _____

Business Licences are public records that are available for inspection upon request at the City of Maple Ridge. The City may also use business licence information, including those of home-based businesses for publication on the City's website. All information gathered for business licensing purposes is managed in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.