



**CITY OF ROSSLAND
APPLICATION FOR BUSINESS LICENSE**

Please Print

Day _____ Month _____ Year _____
 COMPANY/OWNER NAME _____
 BUSINESS NAME _____
 _____ Proprietorship _____ Partnership Registered _____ Company Registered _____ Society
 LOCATION OF BUSINESS _____
 MAILING ADDRESS _____ POSTAL CODE _____
 CONTACT NAME _____ EMAIL _____
 PHONE (BUS) _____ (HOME) _____ (FAX) _____
 TYPE OF BUSINESS TO BE CONDUCTED _____
 IS THERE ANY CONSTRUCTION/RENOVATION TAKING PLACE OR PLANNED? _____ YES _____ NO
 TYPE OF CONSTRUCTION OR RENOVATION _____
 PREVIOUS USE OF SPACE _____ OPENING DATE _____

Please complete the following where applicable:

1. TOTAL FLOOR AREA _____ 2. TOTAL VEHICLES _____ 3. RENTAL UNITS _____
 4. HOME OCCUPATION __ YES __ NO 5. TOTAL PERSONS EMPLOYED _____ 6. OTHER _____

I, We _____ hereby make application for a license in accordance with the particulars as above stated and declare the above statement is true and correct and I,we undertake that if granted the license applied for, I,we will comply with each and every obligation contained in all laws and bylaws now in force or which may hereafter come into force in the City of Rossland.

I, We further understand that if this application involves the use of premises for business purposes that they may not be occupied until they have been inspected by the agencies concerned and a license issued. I, We also understand that the payment of the Business License fee in advance does not guarantee approval and business may not commence without a Business License being issued.

NOTICE OF COLLECTION OF PERSONAL INFORMATION
 Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement. The personal information is collected under the authority of the Local Government Act and the City's Business License Bylaw.

(Signature) _____

OFFICE USE ONLY

TYPE OF APPLICATION:

NEW ___ CHANGE OF OWNER ___ CHANGE OF LOCATION ___ CHANGE OF NAME ___ OTHER ___

CLASSIFICATION _____ FEE \$ _____

REFERRALS	OUT	INSPECTION DATE	RETURNED	STATUS	INITIAL
PLANNING (ZONING)					
BUILDING					
FIRE					
HEALTH					
RCMP PUBLIC WORKS					

COMMENTS:

LICENSE ISSUED _____ YES _____ NO BUSINESS LICENSE # _____

APPROVED THIS _____ DAY OF _____, 20_____

 Business License Inspector