



THE CORPORATION OF THE CITY OF VERNON

**BUSINESS LICENCE APPLICATION**

Phone 250-550-3634 – email: buslicence@vernon.ca – Mailing – 3001 32 Avenue, Vernon, BC V1T 2L8  
www.vernon.ca

New  Change Location   
Renewable  Seasonal (6 months)  Temporary (1 – 30 days)

**BUSINESS INFORMATION**

Name of Business \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing address for Business Licence (if different): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**OWNER(S) INFORMATION**

Name: \_\_\_\_\_ / \_\_\_\_\_  
First Last First Last

Home Address : \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**BUSINESS TYPE:**

Description of business to be conducted. Please describe your products or services, particularly the most popular. What do you do or sell?

\_\_\_\_\_

Do you require Inter-Community (Eligible Businesses Only) Yes  No

Commercial or Industrial: Yes  No

Gross Floor Area (sq.ft) \_\_\_\_\_

Home Occupation: Yes  No

Minor  Major (May need to apply for rezoning)

If home based, please complete and attach the Home Based Business Regulations form

Interior Health approval required: Yes  No

## PERMITS

Is the Business location under construction or going to be renovated?

Yes  No  If you answered yes, you may require a Building Permit.

### Commercial and Industrial Businesses:

Does the Business require NEW or ALTERED signage? Yes  No

If you answered yes, you may require a Sign Permit.

Food/Liquor Services Only: Number of seats: \_\_\_\_\_ Liquor Licence: Yes  No

Hair/Esthetic Services Only: Number of Salon Chairs \_\_\_\_\_

## EMERGENCY CONTACT/OUT OF OFFICE

Emergency contacts are very important. The City would use these to provide timely information about urgent service disruptions or evacuations. Make sure the numbers you provide are best for out of hours contact. Good information to list is your home phone number and after-hours cell phone.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell# \_\_\_\_\_

## ACKNOWLEDGEMENT

I, \_\_\_\_\_ hereby make application for a licence in accordance with the particulars as above stated and declare that the above statement is true and correct. I undertake that if granted, the licence applied for, I will comply with each and every obligation contained in all the Laws and Bylaws now in force or which may hereafter come into force in The Corporation of the City of Vernon. I 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 authorities concerned and a licence issued.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

**Note: There will be a non-refundable application fee (in addition to the licence fee as calculated). For an explanation of regulations and fees, please review the Business Licence Bylaw #5480 by visiting [www.vernon.ca](http://www.vernon.ca)**

*Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purposes of responding to your request. The information on this form is collected under the authority of the current City of Vernon Business Licence Bylaw for the purposes related to this bylaw. Business Licences issued as a result of the application will be routinely available to the public. Any questions regarding the collection, retention and distribution of the information should be directed to the City of Vernon Head of Freedom of Information.*

### FOR OFFICE USE ONLY

Account No. \_\_\_\_\_

Licence No. \_\_\_\_\_

Zoning Designation \_\_\_\_\_

NAICS Code \_\_\_\_\_