

Type of License Application *Please check at least one	<input type="checkbox"/> New License	<input type="checkbox"/> Change of Business Location
	<input type="checkbox"/> Non- Resident (Outside City limits)	<input type="checkbox"/> Change Business Mailing Address
	<input type="checkbox"/> Mobile Vending	<input type="checkbox"/> Change Owner Mailing Address
	<input type="checkbox"/> Seasonal License (6 months)	<input type="checkbox"/> Change of Business Ownership
	<input type="checkbox"/> Temporary License (30 days)	* Letter of transfer required

* Indicates mandatory fields. These must be complete for your application to be accepted.

Business Information		
*Name of Business:		
*Location of Business:		
*City:	*Province:	*Postal Code:
*Phone Number:	*Email Address:	
Business Mailing Address		
<input type="checkbox"/> Same as above		
Mailing Address:		
City:	Province:	Postal Code:
Owner Information		
*Name of Owner:	Name of Joint Owner:	
*Address:		
*City:	*Province:	*Postal Code:
*Phone Number:	*Email Address:	
Business Details		
*Description of business being conducted: <i>(Please describe products or services being provided.)</i>		
License Types		
<i>*NOTE-A license must be commercial or home based if your address is within the City of Vernon.</i>		
*Is the business in a Commercial or Industrial space?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate the square footage of the space you operate in. *Square footage of location:	
*Is the business sharing, renting or leasing space from an existing business?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate the name of the existing business. *Business Name:	
*Is the business Home Based? This includes contractors/businesses working out of their homes not out of a commercial location.	<input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, Home Based Regulations form is required.	
*Do you require an Inter-Community license? Contractors and other service providers that need to operate business throughout the Okanagan under 1 license.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Do you want your license to renew annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Interior Health Approval required? Mandatory for food premises, personal services establishment, care facilities. Please contact Interior Health directly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permits		
*Is the business location currently under construction or going to be renovated for business?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you may require a building permit.	
*Does the business require exterior signage on a commercial or industrial property?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you may require a sign permit.	
Food & Liquor Services		
<input type="checkbox"/> Not applicable to business		
Number of seats in facility		
Does your business require a Liquor License?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you are required to apply for a license through the BC Liquor and Cannabis Regulation Branch	
Personal Service Establishments		
<input type="checkbox"/> Not applicable to business		
Number of salon chairs		
Acknowledgement		
By signing this form, I hereby make application for a license in accordance with the particulars as above stated and declare that the above statement is true and correct. I undertake that if granted, the license 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 license issued. I also understand that if I am no longer operating my business, it is my responsibility to cancel my license with the City of Vernon to avoid renewal and charges.		
Name of Applicant (printed)	Signature of Applicant	Date
Note: There will be a non-refundable application fee (in addition to the License fee as calculated). For an explanation of regulations and fees, please review the Business Licences Bylaw #5480 and the Fees & Charges Bylaw #3909 by visiting www.vernon.ca		
<i>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 License 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.</i>		

REV : JUL 2024