



# Village of Kaslo Business Licence Application

## BUSINESS INFORMATION – Check as many as applicable

- |  |   |
|--|---|
| <input type="checkbox"/> Non-Profit Society  | <input type="checkbox"/> Inter-Community Business Licence |
| <input type="checkbox"/> Home-Based Business | <input type="checkbox"/> Licence Transfer/Update          |
| <input type="checkbox"/> Temporary Business  |   |

BUSINESS NAME: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

NO. OF EMPLOYEES: \_\_\_\_\_

FLOOR AREA TO BE USED: \_\_\_\_\_

GST REGISTRATION NO.: \_\_\_\_\_

## CONTACT INFORMATION

CONTACT NAME, TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE NO.: \_\_\_\_\_

ADDITIONAL/CELL NO.: \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_

BUSINESS WEBSITE: \_\_\_\_\_

## OWNER(S)/SIGNING OFFICER(S)

Last Name, First Name, Initial (Add additional lines as required)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I/we hereby apply for a Village of Kaslo business licence in accordance with the particulars as above stated and declare that all statements made in the application are true and correct. I/we will abide by all the bylaws now in force or which hereafter come into force in the Village of Kaslo. I/we will notify the Village of Kaslo of any changes in the above stated particulars.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## OFFICE USE ONLY

Zoning:	Permitted Use: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Building Inspection Permitted Use:	Site Inspection Passed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Health Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Property Owner Authorization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Trade Certificate(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Application Approved

Application Denied

Inspector's Name:

Inspector's Signature:

Date:

Account #:

Category/Code:

Fee: