



Business Licence Application
District of Invermere
914 8th Avenue, PO Box 339
Invermere, BC V0A 1K0
t: 250-342-9281 f: 250-342-2934

BUSINESS LICENCE NO: _____

BUSINESS INFORMATION *Please print clearly*

NEW CHANGE CANCEL

Business Trade Name:

Contact Person: Phone #: _____

Email: _____

Location Address: Prov: Postal:

BUSINESS DESCRIPTION

Description of

Business: _____

Previous Business at this location:

OWNER INFORMATION

Owner Name(s):

Mailing Address: City:

BUSINESS SURVEY (PLEASE INCLUDE ANY ADDITIONAL COMMENTS ON A SEPARATE SHEET AND ATTACH)

On a scale from 1-10, how do you rate the current state of business in the community?

(1=Poor & 10=Excellent)

How many people does your business employ full time?

How many people does your business employ part time?

Do you plan to exit the business in the next 5 years? No Yes

If yes, why?

Does your business face any major barriers to growth and success?

If yes, please explain on the line below:

No Yes

DECLARATION:

I, (We) _____ 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 District of Invermere (including but not limited to the Business Licensing Bylaw, Fees Bylaw, Zoning Bylaw, and Building Bylaw). All parking will be contained on the property associated with the business. If this application involves the use of premises for business purposes that the premises may not be occupied until they have been inspected by the authorities concerned and a license issued. I also understand, the payment of the Business License fee in advance does not guarantee approval. I understand that information gathered through this application process is governed and routinely releasable through the Freedom of Information Protection of Privacy Act.

Signature of Applicant: _____

Name (print): _____

<input type="checkbox"/> Transfer Fee (location or ownership) \$ _____ <input type="checkbox"/> Non-Profit Societies (excluding Cannabis Dispensaries & Grow Operations) \$ _____ <input type="checkbox"/> Cannabis Dispensaries and/or Grow Operations \$ _____ <input type="checkbox"/> Mobile Vendor operating on public property (Mobile Vendor Application Required) \$ _____

Date: _____

OFFICE USE ONLY		Street Address: _____	
ROLL # _____		ZONING DESIGNATION: _____	
<input type="checkbox"/> Storefront Business		<input type="checkbox"/> Home Occupation	
<input type="checkbox"/> Non Resident Business		<input type="checkbox"/> Agri-tourism	
APPROVALS REQUIRED	NAME	COMMENTS	DATE
<input type="checkbox"/> Planning Dept			
<input type="checkbox"/> Fire Inspector			
<input type="checkbox"/> Bylaw Enforcement			
<input type="checkbox"/> Building Inspector			
<input type="checkbox"/> CAO			
CONDITIONS:			

APPROVAL SIGNATURE: _____ **DATE:** _____