



District of Invermere Business Licence Application

District of Invermere PO
Box 339
914 8th Avenue
Invermere, BC, V0A 1K0
Phone: 250-342-9281
info@invermere.net

I Prefer:

Electronic Copy
Paper Copy

Business Licence Number:

Application is for a: New Change

Section A – Contact Information

Registered Name of Business:

Operating As:

Business Address:

Address	City	Province	Postal
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If you are not the owner of the business address, you must provide evidence that the property owner has given permission for the operation of the business, such as a lease agreement or proof of residence.

Mailing Address of Business *(If different from above)*:

Address	City	Province	Postal
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Business Owner(s):

Name	Phone	Email
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Alternative Contact and Position *(If different from owner)*:

Name	Phone	Email
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Section B – Business Profile

Describe products and/or services:

Business Website:

Is this business: Home Based (including B&B) Storefront Mobile Vendor

Is this business: Sole Proprietorship Partnership Corporation

How do you advertise your business? Do you need a sign?		How many employees does the business have?	
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Do you have work scheduled? If so, what is the address?		Requested Start Date:	
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How many off-street parking stalls are at the location of the business?

Do you use or park commercial vehicles, passenger vehicles, or trailers?	Yes	No
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If yes, provide:	Make, model, & weight of vehicle(s):
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Section C – Delivery of Goods & Services -

Are goods / materials used in connection with your business delivered to the <u>business location</u>?	Yes	No
If yes, provide: Description of materials:		
Frequency of deliveries and time of day:		
Type of vehicle providing the delivery:		
Where the delivery vehicle parks during delivery:		
Are goods / services used in connection with your business delivered to <u>off-site locations</u> or <u>directly to customers</u>? (ex construction, food delivery, delivery of goods etc)	Yes	No
If yes, provide: Description of materials/goods/services:		
Frequency of deliveries and time of day:		
Type of vehicle providing the delivery:		
Where does the delivery vehicle parks during delivery:		

Section D – Home Based Business (includes Bed & Breakfast)

Describe what space and total square feet of the property that is used for the purposes of operating your home based business. Include interior rooms, accessory buildings, and outdoor space.		
Are you operating a Bed & Breakfast?	Yes	No
If yes, provide: Number of Rooms:		
Number of guests you could have on the premise at one time:		
Do you have customers coming to your home?	Yes	No
If yes, provide: Quantity of customers per week:		
Number of customers you would have on the premise at one time:		
What days and hours customers would come to the residence:		
Do you have employees coming to your home?	Yes	No
If yes, provide: Number of employees working from the home:		
Do you manufacture or produce goods in your home? (ex. food)	Yes	No
If yes, provide: Description of goods/materials:		
Do you store materials and equipment at the home?	Yes	No
If yes, provide: Description of goods/materials:		
Quantities:		
Storage Location:		
Duration the materials will be at the home:		

You must provide a site and floor plan indicating what areas of your home, both inside and outside the primary residence and accessory buildings, that will be used for the operation of the business. Please indicate room dimensions, areas and the placement of furniture or equipment, storage of materials, off street parking, and delivery vehicle parking to be used in the operation of your business.

Section E – Applicant Declaration

I consent to the publishing of my business information as provided in Section A of this application on the District of Invermere's online business directory at www.invermere.net

I DO NOT consent to the publishing of my business information as Provided in Section A of this application on the District of Invermere's online business directory at www.invermere.net

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. I acknowledge that the business has complied with all Federal, Provincial, Municipal, and Health Authority licensing, authorization, or registration requirements, including but not limited to LCRB and BC Interior Health.

Signature of Applicant: _____

Date: _____

FOIP Notification: Your personal information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. The personal information you provide on this form is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. This information will be used for the purposes of processing your application, administering billing, and notifications for the District of Invermere. If you have any questions about the collection or use of this information, please contact the District of Invermere, PO Box 339, 914 8th Ave, Invermere, BC V0A 1K0, call 250.342.9281, or corporateofficer@invermere.net

OFFICE USE ONLY

Civic:	<input type="checkbox"/> Storefront Business
Folio: Zoning:	<input type="checkbox"/> Home Occupation
Business Category:	<input type="checkbox"/> Non-Resident Business

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"/> Public Works			

CONDITIONS:

Reviewed By: _____ **Position:** _____

Approval Signature _____ **Date:** _____