



BUSINESS LICENSE APPLICATION FORM

The Contents of this application must be completed in full.
Only complete applications will be accepted



Business Licence Application

The District of Peachland
 5806 Beach Avenue
 Peachland, B.C. V0H 1X7
 Telephone: (250) 767-2647
 Fax: (250) 767-3433
 www.peachland.ca

Please Print

Only Complete Applications will be reviewed

New _____ Transfer _____ Special Event _____ Seasonal Summer Business _____

Business Name _____

Legal Business Name _____

Business Location Address _____

City _____ Postal Code _____

Mailing Address _____

City _____ Postal Code _____

Business Phone _____ Home Phone _____

Email _____

Business Description

Owner's Name _____

Address _____

City _____ Postal Code _____

Phone _____ Email _____

BC Safety # _____

TQ # _____

 Owner/Operator Signature

Schedule of Fees:	
Municipal	\$112
Inter Community (\$112 + \$150)	\$262
Late Charge	10%
Transfer Fee (Change of Address or Ownership)	\$20
New Business after July 1st	\$56
New Inter Community after July 1st. (\$56 + \$150)	\$206
Seasonal Summer Business. May 1– November 1	\$56
Mobile Vendor or Concessions, and Flea Markets	\$50/day
Iterant Show or Entertainment, Theatre, Concert, Music Show, Beer Garden	\$50/day
Damage Deposit - Seasonal Municipal Property User	\$200
Municipal Property - Seasonal Encroachment Lease	\$300/month

(+ Applicable Taxes)

Licence Number
Office Use Only

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Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement.
 The personal information is collected under the authority of the Freedom of Information and Protection of Privacy Act and the District of Peachland's bylaws. Questions about this may be directed to the Clerk, District of Peachland, 5806 Beach Avenue, Peachland, BC V0H 1X7 (250) 767-2647



Business Licence Checklist

Will you be doing business in communities other than Peachland?

 Y N

Does your business require a sign?

 Y N N/A

If yes, have you applied for a sign permit?

 Y N

Can you provide customer parking on your property?

 Y N

If yes, provide a sketch of where the parking is located in relation to your business

Does your vehicle exceed 5,000 kilograms GVW (11,023lbs.)?

 Y N

If you are a Bed and Breakfast facility; how many bedrooms are provided at your establishment for that purpose?

_____ Bedrooms

Do you require a Building Permit for renovations to accommodate your business?

 Y N

Will there be any loading, repairing or storing of equipment on site?

 Y N

Will there be any external display of materials or equipment on the premises?

 Y N

Will your business use mechanical or electrical equipment that will create external noise or will cause interference with electronic equipment in other buildings?

 Y N

Will your business discharge or emit odorous or noxious matters of vapors, smoke, dust, heat, glare, radiation or recurrently generated vibrations?

 Y N

_____ day / month / year

Date

Owner/Operator Signature

Owner Authorization
To be completed if applicant is not the owner of the subject property

Date: _____ day / month / year

Owner Mailing Address:

City _____ Prov. _____
Postal Code _____

Legal Description of Subject Property:

Lot: _____ Block: _____ District Lot: _____
Plan: _____
Parcel Identifier _____

Civic Address of Property:

I am the registered owner of the subject property and as such hereby authorize:

Authorized Person's Name (Print)

To conduct a Home Based Business at the above noted residence.

1. I will comply with or cause those whom I employ to comply with all bylaws of the municipality and other statutes and regulations in force in the municipality relating to the development, work , undertaking or permission in respect of which this application is made.
2. I hereby agree to release, indemnify and save harmless the municipality, its Council members, employees and agents from and against all claims, liability, judgments, costs and expenses of every kind including negligence which I or any ofther person, partnership or corporation or our respective heirs, successors, administrators or assigns may have or incur in consequence of or incidental to this application.

Print Name of Owner

Signature of Owner

Other Requirements:

Seasonal or Sidewalk Business - May 1 - November 1 only Y N

Number of on-site Parking Stalls Provided: _____

Number of Accommodations - B&B (Rooms/Suites): _____

Will there be any discharge into Municipal Sewers, other than domestic sewage? Y N

Will there be a sign? Y N Attach Sign Application

Height _____ Attach Site Plan

Size _____

Attach Copy of insurance policy that states District of Peachland additional insured - If Applicable

Office Use Only

Zone - Attach GIS _____

Home Occupation _____ (Yes/No)

Sign Permit Required _____ (Yes/No)

Comments: _____

Departmental Approvals

Planning / Zoning	_____	Date	_____ day / month / year
Building Inspector	_____	Date	_____ day / month / year
Fire Chief	_____	Date	_____ day / month / year
Health Inspector	_____	Date	_____ day / month / year
Liquor Inspector	_____	Date	_____ day / month / year
Insurance Required	_____	Date	_____ day / month / year

Application Approved

Date _____ day / month / year Licence Inspector _____

Licence Type _____ Inter-Muni _____ Reviewed By _____

Licence Fee \$ _____ Client Number _____

Application Declined

Date _____ day / month / year Licence Inspector _____

Reason _____