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

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

Email

Business Description

______________________________

Owner’s Name

Address

City

Postal Code

Phone

Email

BC Safety #

TQ #

Owner/Operator Signature

Schedule of Fees:

Municipal

Inter Community ($112 + $150)

Late Charge

Transfer Fee (Change of Address or Ownership)

New Business after July 1st

New Inter Community after July 1st. ($56 + $150)

Seasonal Summer Business. May 1– November 1

Mobile Vendor or Concessions, and Flea Markets

Iterant Show or Entertainment, Theatre, Concert, Music Show, Beer Garden

Damage Deposit - Seasonal Municipal Property User

Municipal Property - Seasonal Encroachment Lease

$112

$112 + $150

10%

$20

$56

$206

$56

$50/day

$50/day

$200

$300/mo

Licence Number

Office Use Only

B0

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

_________________  ____________________________  ____________________________
Date  Owner/Operator Signature  day / month / year
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 other 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:**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seasonal or Sidewalk Business - May 1 - November 1 only</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**Number of on-site Parking Stalls Provided:**

<table>
<thead>
<tr>
<th>Number of Accommodations - B&amp;B (Rooms/Suites):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Will there be any discharge into Municipal Sewers, other than domestic sewage?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Will there be a sign?</th>
<th>Y</th>
<th>N</th>
<th>Attach Sign Application</th>
</tr>
</thead>
</table>

**Height**

<table>
<thead>
<tr>
<th>Attach Site Plan</th>
</tr>
</thead>
</table>

**Size**

<table>
<thead>
<tr>
<th>Attach Copy of insurance policy that states District of Peachland additional insured - If Applicable</th>
</tr>
</thead>
</table>

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**Office Use Only**

<table>
<thead>
<tr>
<th>Zone - Attach GIS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Occupation</th>
<th>(Yes/No)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sign Permit Required</th>
<th>(Yes/No)</th>
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</thead>
</table>

**Comments:**

<table>
<thead>
<tr>
<th>Attach Copy of insurance policy that states District of Peachland additional insured - If Applicable</th>
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**Departmental Approvals**

<table>
<thead>
<tr>
<th>Planning / Zoning</th>
<th>Date day / month / year</th>
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</thead>
<tbody>
<tr>
<td>Building Inspector</td>
<td>Date day / month / year</td>
</tr>
<tr>
<td>Fire Chief</td>
<td>Date day / month / year</td>
</tr>
<tr>
<td>Health Inspector</td>
<td>Date day / month / year</td>
</tr>
<tr>
<td>Liquor Inspector</td>
<td>Date day / month / year</td>
</tr>
<tr>
<td>Insurance Required</td>
<td>Date day / month / year</td>
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**Application Approved**

<table>
<thead>
<tr>
<th>Date day / month / year</th>
<th>Licence Inspector</th>
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</thead>
<tbody>
<tr>
<td>Licence Type</td>
<td>Inter-Muni</td>
</tr>
<tr>
<td>Reviewed By</td>
<td></td>
</tr>
<tr>
<td>Licence Fee $</td>
<td>Client Number</td>
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</tbody>
</table>

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**Application Declined**

<table>
<thead>
<tr>
<th>Date day / month / year</th>
<th>Licence Inspector</th>
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</thead>
<tbody>
<tr>
<td>Reason</td>
<td></td>
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</table>