



**TOWN OF LAKE COWICHAN
Business Licence Application**

PO Box 860 39 South Shore Rd Lake Cowichan BC V0R 2G0

Business License Application

Inter-Municipal Licence ¹ <input type="checkbox"/> New BL <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Address		Inter-Community Licence ² Separate application - \$170/year <input type="checkbox"/>	
Name of the Business:		Ownership Type:	
Type of Business:		Number of Employees:	
Business Street Address:			
Mailing Address:			
Business Phone Number:		Cell Number:	
Email:		Fax Number:	
Renew Annually <input type="checkbox"/> yes <input type="checkbox"/> no		Trade Number:	
If you are renting a commercial building or residence, please provide a copy of the rental agreement authorizing the use for business			
Commercial Building <input type="checkbox"/> yes <input type="checkbox"/> no		Number of Seats (if Pub/Restaurant) _____	
		Liquor Licence Number _____	
Residential <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please provide details below.	
For residential home based businesses, provide a complete description of business activities including, where you will be conducting the business and approximately how much square footage the business will occupy.			

I agree that I will comply with all applicable bylaws and regulations of the Municipality and declare that all the above information is true and correct.		
Name: _____	Signature: _____	Date: _____

1 Inter-Municipal- Includes Town of Lake Cowichan, City of Duncan, Municipality of North Cowichan and Town of Ladysmith.

2 Inter Community- Campbell River, Colwood, Comox, Courtenay, Cumberland, Nanaimo, Parksville, Port Alberni, City of Victoria, Esquimalt, Central Saanich, Lantzville, North Saanich, District of Saanich, District of Sooke, Qualicum Beach, Sidney, View Royal.

In order to apply for the Inter-Community Licence you are required to have a current regular Inter-Municipal Business Licence with the Town of Lake Cowichan.

The information gathered on this form may be released to other parties upon request and will be published on our website.

Planning Department	
What is the current zoning of the place of business _____ Is the business a permitted use under the zoning <input type="checkbox"/> yes <input type="checkbox"/> no	
Comments: _____ _____ _____ _____	
_____ Date (yy/mm/dd)	_____ Signature of Planner

Building Department	
Does the building meet requirements for this type of business <input type="checkbox"/> yes <input type="checkbox"/> no Do you recommend inspection by the Public Health Inspector <input type="checkbox"/> yes <input type="checkbox"/> no	
Comments: _____ _____ _____ _____	
_____ Date (yy/mm/dd)	_____ Signature of Building Inspector

Referrals	
Public Health Inspector	<input type="checkbox"/> yes <input type="checkbox"/> no
RCMP	<input type="checkbox"/> yes <input type="checkbox"/> no

Business Licence Department	
Application Approval Date:	
Signature of Business Licence Officer:	

Finance Department		
Amount Owing:	Payment Date:	Account number:
Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Interac <input type="checkbox"/>	Initials:	Phone (when approved):