



FOR ADMINISTRATION ONLY:

Business Licence #: _____

Licence fee: _____

APPLICATION FOR A BUSINESS LICENCE

Please check all that apply:

New Licence

Change of Location

Change of Ownership

Change of Business Name

Name of Business: _____
Former Name (if applicable): _____
Business Physical Location (civic address): _____
Mailing Address (if different): _____
Telephone: _____ Fax: _____ Email: _____
Contact Name: _____

Property Owner(s) Contact Details

Name(s): _____
Address: _____
Telephone: _____ Cell: _____ Email: _____

Type of Business

Restaurant/Bar– Licensed No. of Seats: _____ Liquor Store/Beer & Wine Store
Restaurant/Snack Bar – Non-Licensed No. of Seats: _____ Professional/Contractor Services
Retail Sales Total floor area (M²): _____ Mobile Vendor/Door to Door Sales
Short term Rental (Please fill out box below) Home Occupation
Other (please describe) _____

Short Term Rentals (Contact Information will be made available to the general public)

Managed by Property Manager Managed by Homeowner

Property Manager or Local Contact Information (if applicable):

Name: _____
Address: _____
Telephone: _____ Cell: _____ Email: _____

Other Information:

Property Zoning _____ Permanent Residence: NO YES
No. of legal off street parking spaces _____ Does property meet safety standards in checklist? NO YES
TYPE OF SHORT TERM RENTAL: Guest Rooms(how many) _____ Guest Suite Guest Home

By submitting this business licence application, the above-mentioned applicant hereby declares that the above statements are true and correct and that if granted the license applied for, will comply with each and every obligation contained in all laws and bylaws now in force or which may hereafter come into force in the City of Rossland.

NOTICE: This business license and fee payment does not constitute a valid business license. A valid business license will be issued after all bylaw requirements have been completed. We may supply other agencies with the above information.

Signature of Owner/Operator _____ Date _____

Signature of Property Owner _____ Date _____

OFFICE USE ONLY

Zoning: Permitted use: Yes / No / NA Residency proof provided: Yes / No / NA
Tourism fee paid: Yes / No / NA Deposit fee paid: Yes / No / NA
Building Permit finalized: Yes / No / NA Inspection fee paid: Yes / No / NA
Ownership proof provided: Yes / No / NA Site Inspection passed: Yes / No / Cond. Ap. / NA
Health Inspection provided: Yes / No / NA

Building Inspection: _____ Date: _____

License Approval: _____ Date: _____

Comments: