



District of Elkford

816 Michel Road P.O. Box 340 Elkford, B.C. V0B 1H0
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Business Licence Application

		Filing Date
This is an application for a (check all that apply): <input type="checkbox"/> New Business \$100.00 <input type="checkbox"/> Change of Ownership/Address/Name \$25.00 <input type="checkbox"/> Inter-Community Business Licence \$100.00 <input type="checkbox"/> One Day Business Licence \$25.00/per day		
Business Name:		Ownership Type:
Nature of Business:		Number of Local Employees (include owners):
Owner(s)/Licencee(s) Name & Address:		
Business Location:		
Mailing Address, if different from business location:		
Business Telephone Number:	Business Fax Number:	Business Email Address:
Owners Telephone Number:	Emergency Telephone Number:	Anticipated Business Start Date:
Signage <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of Sign	Type of Sign
Number of Seats/Rooms/Sq. feet	Number of off street parking spots	Are you renovating or altering the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner(s)/Licencee(s) Signature:		Application Date:

- Fire Inspection Report, attached.
- Food Services Interior Health Permit, attached.

FOR DISTRICT OF ELKFORD USE ONLY

REQUIRED INSPECTIONS AND APPROVALS

Building Official	Compliant with BC Building Code & Building Bylaws: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	Approval Signature:	Comments:
Bylaw Enforcement	O/S or historical issues and infractions related to business owner <input type="checkbox"/> No <input type="checkbox"/> Yes, Infraction:	Approval Signature:	Comments:
Finance	Utilities (e.g. water, sewer, garbage) have been set up: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	Approval Signature:	Comments:
Fire Department	Inspection Attached: <input type="checkbox"/> No <input type="checkbox"/> Yes, Details:	Approval Signature:	Comments:
Interior Health:	Health Certificate has been attached (if applicable): <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	Note particulars (if applicable):	
LCLB	LCLB Liquor Licence has been attached (if applicable): <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	Note particulars (if applicable):	
Planning Department	Business is permitted within Zone: <input type="checkbox"/> No <input type="checkbox"/> Yes, Property Zoned:	Sign Permit or DVP Required: Sign Permit #: <input type="checkbox"/> No <input type="checkbox"/> Yes	Approval Signature:
Customer Type: <input type="checkbox"/> COM = Commercial Premises <input type="checkbox"/> MOBILE = Mobile Vendor <input type="checkbox"/> RES = Residential <input type="checkbox"/> SERV = Services			
Licence Type: <input type="checkbox"/> One Day <input type="checkbox"/> LOCAL (Local Licence) <input type="checkbox"/> Inter-Community Business Licence <input type="checkbox"/> Home Occupation			
NAICS Coding: Licence Inspector:	Licence(s) Approved: <input type="checkbox"/> No <input type="checkbox"/> Yes	Approval Signature:	Licence Restrictions/Requirements to be included on licence:
Licence Fee: \$ _____	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Interact <input type="checkbox"/> Cheque	Licence(s) Printed: <input type="checkbox"/> Yes <input type="checkbox"/> No	MUNICIPAL Licence No: _____
		ICBL No: _____	