



THE CORPORATION OF THE CITY OF GRAND FORKS

Application for Business Licence

Please answer all applicable questions, sign in the space provided below and return this form, together with the appropriate licence fee to the Licence Department. **PLEASE BE AWARE THAT THE LICENCE FEE PAYMENT IS BASED ON THE CALENDAR YEAR (JANUARY TO DECEMBER, NO MATTER WHEN THE APPLICATION IS MADE).**

1. Trade name of business: _____

2. Business civic address: _____

3. Business mailing address: _____

Business email address: _____

4. Business phone number: _____ Alt#: _____

5. Number of Employees: _____ Expected opening date: _____

6. Type of Business: _____

7. Type of service/product sold/contract: _____

8. Owner of business: _____
(partnership/organizations/limited companies – please attach list of principle officers)

9. Address of Owner(s): _____

10. Previously held licence in Grand Forks Yes No Year
(circle yes or no)

11. Has licence ever been revoked Yes No Year
(circle yes or no)

12. Agents last sales area: _____

13. Name of applicant: _____

(full name, address and phone number of the applicant)

(cont'd on reverse)

***City of Grand Forks Business Licence Bylaw #1384 and all amendments**

14. Provincial Certificate of Proficiency

(Applies to Trades qualification or Professional Services Number or Certificate)

Full name of certified: _____

Area of proficiency: _____

CROSS CONNECTION CONTROL PROGRAM

A Cross Connection Control Survey may need to be conducted if your business is deemed to be a High Cross Connection Risk. There may be costs associated with eliminating any cross connections found by officials of the City's Water Department. Should you have any concerns regarding this process, please contact the Water & Sewer System Coordinator at 250-442-8266, Extension 60244.

_____ Initials

I/We hereby make application for a licence in accordance with particulars as stated above and declare that the above statement is true and correct. I/We undertake that, if granted, the licence applied for, I/We will comply with each and every obligation contained in all laws and bylaws now in force, and amendments thereto, in the City of Grand Forks, Province of British Columbia.

We consent that the information contained herein may be made available to the B.C. Assessment Authority, Revenue Canada Taxation and the City's website at www.grandforks.ca.

Signature of applicant: _____

Date of application: _____

FOR OFFICE USE ONLY

Classification: _____ Zoning: _____

Licence fee: _____ Receipt # _____ Date Paid: _____

Licensed as: _____

Department approvals Scan To Economic Development

Building Inspection: _____ Manager of Operations: _____

Cross Connection: YES NO If yes, send copy to Water Foreman

Fire Chief: _____ Public Health Certificate: _____

Licence Inspector: _____ Date of Final Approval: _____

Notes: _____

"The information on this form is collected under the authority of the *Community Charter Act* in order to process your payment agreement application. Personal information collected is protected pursuant to the *Freedom of Information and Protection of Privacy Act*. ENQUIRIES: Corporate Officer, the Corporation of the City of Grand Forks, 7217 4th Street, Grand Forks, BC V0H 1H0 Tel: 250.442.8266".