





BUSINESS LICENCE APPLICATION

The information gathered on this form will be used to administer Municipal bylaws, is collected under the authority of the *Local Government Act* and the Business Licence Bylaw, and may be released to other parties upon request. If you have a business premises, this application must be made to the Municipality in which your premises is located. If you have any questions about this application, please contact 250.245.6414 ext 6210 or bl@ladysmith.ca.

Commercial: Yes No Square Footage of area: If restaurant/cafe/pub: Number of Residential: Yes No Approximate Number of Employees: Type of Licence: Ladysmith \$100.00 - Inter- Municipal (includes Duncan, North Cowichan and Lake Cowichan) (\$50.00 after the Inter-Community (see below) Additional \$170.00 I/We hereby make application for an Inter-Community business licence in accordance with "Town of Lady Community Business Licence Bylaw 2013, No. 1839". I/We undertake to comply with the Bylaws of the Town			
Street Address: Mailing Address: Email: Phone: Fax: Type of Business: If residential, provide a complete description of what you intend to do, including swhere you will be conducting the business and approximately how much square footage the business where you will be conducting the business and approximately how much square footage the business where you will be conducting the business and approximately how much square footage the business where you will be conducting the business and approximately how much square footage the business where you will be conducting the business and approximately how much square footage the business where you will be conducting the business will be conducting the business will be conducting the bus			
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and other municipalities now in force or which may hereafter come into force. I also understand, payment of Licence fee in advance does not guarantee approval of the licence. Note: Licence fees apply to a calendar year Ja December 31st and are not refundable.	of Ladysmith f the Business		
Owner/ Manager Contact Information:			
Name (Print): Phone:			
Address: Postal Code:			
I agree that I will comply with all applicable bylaws, statutes and regulations relating to this application. Signature: Date:			

250.245.6400 / info@ladysmith.ca / www.ladysmith.ca









OFFICE USE ONLY

Planning Department		
What is the current zoning of the place of business?		
Is the business a permitted use under the zonii	ng bylaws? Yes No	
Comments:		
Date (YY/MM/DD):	Signature of Planner:	
Building Department		
Does the building meet requirements for this t	type of business? Yes No	
Do you recommend inspection by the Public Health Inspector? Yes No		
Comments:		
Date (YY/MM/DD): Signature of Building Inspector:		
Public Health Inspector Yes	□ No	
RCMP Yes	No	

The personal information on this form is collected under the general authority of the Community Charter and Freedom of Information & Protection of Privacy Act (FOIPPA) and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected or for a use consistent with that purpose. If you have any questions about the use and collection of this information, contact the Corporate Officer at 250.245.6419 or foi@ladysmith.ca.