



City of Coquitlam

Business Licence Application Form

Non Resident

Community Safety

3000 Guildford Way, Coquitlam, B.C. V3B 7N2

Phone: 604.927.3085 Fax: 604.927.3445

Email: businesslicenses@coquitlam.ca

Instructions: Additional information may be requested upon review of application.

☐ New Application ☐ Business Information Change Only

Part 1 – Business Contact Information

(Note: Business contact information is not considered personal information and will be released on request)

Doing Business As (DBA) or Operating Name: _____

Corporate Name: _____ Incorporation #: _____

Business Owner: _____
(Surname/First Name/Initial)

Business Address: _____ City/Province: _____ Postal Code: _____
(Unit No. /Street No. /Street Name)

Phone: _____ Other: _____

Email: _____

Mailing Address: _____ City/Province: _____ Postal Code: _____
(If different than above) (Unit No. /Street No. /Street Name)

Part 2 – Company Information

Contact Information of Owner(s), Principle Officer(s) and/or Partner(s):

Name: _____ Title/Position: _____ Phone: _____
(Surname/First Name/Initial)

Home Address: _____ City/Province: _____ Postal Code: _____
(Unit No. /Street No. /Street Name)

Name: _____ Title/Position: _____ Phone: _____
(Surname/First Name/Initial)

Home Address: _____ City/Province: _____ Postal Code: _____
(Unit No. /Street No. /Street Name)

Part 3 – Business Information

Coquitlam Start Date: _____

Have you previously held a business licence in Coquitlam? ☐ Yes ☐ No, Location: _____

Maximum number of employees from your company working on Coquitlam job sites each day: _____

Indicate desired length of Non Resident Business Licence in Coquitlam: ☐ 6 month ☐ 12 month

Part 3 (continued) – Business Information

Details of your proposed business activity. Include nature of the business, including all business activity, products sold and services provided at this location:

Does the proposed business or its principles/employees hold all legally required certifications, memberships and/or trade qualifications? ☐ Yes ☐ No

If Yes, please specify: Type: _____ Number: _____

Part 4 – Applicant Statement

I/We the undersigned hereby make application for a Business Licence in accordance with the information as stated and declare that the statements are true and correct. I/We undertake, if granted the licence applied for, to comply with each and every obligation contained in the bylaws now in force or which may hereafter come into force in the City. I/We further understand that all Business Licences expire one year from the date of commencement and must be renewed each year. Every Business Licence is subject to review at any time and may be suspended or revoked for cause.

The personal information collected on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. The City has authority to collect your information for the purposes of administering the Business Licencing System in accordance with Division 9 of the *Community Charter*. Should you have any questions or concerns about the collection of your personal information, please call the Supervisor of Bylaw, Business Licencing & Animal Services at: (604) 927-3085.

(NOTE: Business contact information contained in PART 1 is not considered personal information and will be released on request).

This Form Completed By: _____ Signature: _____
(Type or Print)

Position in Business: _____ Phone: _____ Date: _____

Licence Department Use Only

Application Received By: _____ Date: _____

Licence Fee Required with Application: _____ (May be subject to amendment) Prepaid: _____

Approvals: ☐ Clerk _____ ☐ Licence Inspector _____ FHA: ☐ Required _____ ☐ Notify Only _____

Licence Classification: _____ B/L # _____ REV. # _____ Fee: _____

Approved for Issuing: _____ Date: _____ Issued Date: _____ Issued By: _____