



# City of Coquitlam Business Licence Application Form Mobile/Street Vendor

**Community Safety**  
3000 Guildford Way, Coquitlam, B.C. V3B 7N2  
Email: [businesslicences@coquitlam.ca](mailto:businesslicences@coquitlam.ca)  
Phone: 604-927-3085

**Instructions:** If more information is required than a field allows for, please attach additional pages.

## Part 1 Business Contact Information

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

Operating Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_ Incorporation #: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Title / Position: \_\_\_\_\_  
(Surname/First Name/Initial)

Business Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(If different than above) (Unit No. /Street No. /StreetName)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(If different than above) (Unit No. /Street No. /StreetName)

## Part 2 Company Information

### Name of Owner(s), Principle Officer(s) and/or Partner:

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Surname/First Name/Initial)

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(Unit No. /Street No. /Street Name)

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Surname/First Name/Initial)

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(Unit No. /Street No. /Street Name)

## Part 3 Please Complete the Following Information Regarding Your Business

Proposed Coquitlam Start Date: \_\_\_\_\_

Have You Previously Had Mobile Vending Licence?: Yes  No  Truck:  (Length) \_\_\_\_\_ or Cart:

Please Describe the Product You Are Intending On Selling:

\_\_\_\_\_

Please Provide Three (3) Location Choices with (1) Being Your Most Desirable Location:

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

Location 3: \_\_\_\_\_

**Part 4 Applicant Statement**

I/We the undersigned hereby make application for a Business Licence in accordance with the information as stated 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: \_\_\_\_\_ B/L# Issued \_\_\_\_\_ Rev. # \_\_\_\_\_ Fee: \_\_\_\_\_