



City of Coquitlam Business Licence Application Form Commercial/Industrial

Legislative Services

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)

Department Use Only

Legal Address: _____

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: _____

Number of employees working at Coquitlam location: _____ FT PT (Include owners working at this location)

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:

Are you a joint tenant with any other business in the same premises? Yes No If Yes, Who: _____

Are there any Vending/ATM Machines in the premises? Yes No

Are there any tobacco or E-Cigarette products sold in the premises? Yes No (if yes, attach copy of Tobacco Retail Authorization)

Will liquor be served in the premises? Yes No (If Yes, attach copy of B.C. Liquor Licence)

Will Cannabis or Cannabis Products sold in the premises? Yes No (If Yes, attach copy of Approval in Principle from the LCRB)

Will Cannabis be produced or processed in the premises? Yes No (If Yes, attach copy of Cultivation or Processing Licence from Health Canada)

Part 4 – Floor Area (M²)

Public Access: _____ + Staff Only: _____ = Total Floor Area: _____

Warehouse / Wholesale: Storage of Goods Area: _____ M²

Retail, Restaurant, Vehicle Sales Indicate Public Service Area: Indoor _____ M² Outdoor _____ M²

*please submit a detailed, dimensioned floor plan for these business types

If restaurant/take-out delivery: Number of Indoor Seats: _____ Seasonal Outdoor Seating? Yes No, Number of Seats: _____

Will there be any signs installed or altered? Yes No (Permits may be required.) For more information, call 604.927.3430.

Will any building alterations be made? Yes No

If yes, please describe alteration and/or list active permits applications (permits may be required). For more information, call Building Permits at 604.927.3441.

Part 5 – 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

Property Zoned: _____ Application Received By: _____ Date: _____

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

Approvals Required: Building _____ Property Use _____ Zoning _____ Health: Required _____ Notify Only _____

Sign Notify Only _____ Floor Plan Attached _____ Certificates (Specify) _____

Other (Specify) _____

Classification: 1. _____ B/L# Issued _____ Rev. # _____ Fee: _____

2. _____ B/L# Issued _____ Rev. # _____ Fee: _____

3. _____ B/L# Issued _____ Rev. # _____ Fee: _____

Approved By Licence Inspector: _____ Date: _____ Issued Date: _____ Issued By: _____

Conditions: _____
