



Tk'emlúps te Secwépemc  
 Planning & Engineering Department  
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 Email: Rochelle.leonard@kib.ca  
**APPLICATION FOR BUSINESS LICENCE**

For office use only

Clause	
Fee	

OWNER NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
(AS YOU WOULD LIKE IT DISPLAYED ON YOUR LICENCE)

BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

PHONE (bus) \_\_\_\_\_ (home) \_\_\_\_\_ (fax) \_\_\_\_\_

TYPE OF BUSINESS TO BE CONDUCTED \_\_\_\_\_

Is there 24 hour security on the premises?  Yes  No

Is any construction and/or renovation taking place or planned?  Yes  No

Home Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Society	<input type="checkbox"/> Yes <input type="checkbox"/> No
# Of Employees			
# of Professional Employees			
Floor Area			
Other			

***I, WE \_\_\_\_\_ hereby make application for a licence in accordance with the particulars as above stated and declare the above statement is true and correct and I undertake that if I am granted the licence applied for I will comply with each and every obligation contained in all laws and bylaws now in force or which may hereafter come into force.***

***I further understand that if this application involves the use of premises for business purposes that they may not be occupied until they have been inspected by the Band Departments concerned and business may not commence without a Business Licence being issued.***

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date