



Tk'emlúps te Secwépemc
 Planning & Engineering Department
 Phone: 250-314-1538 Fax: 250-372-8833
 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