



Tk'emlúps te Secwépemc  
 Planning & Engineering Department  
 Phone: 250-314-1570 Fax: 250-372-8833  
 Email: rochelle.leonard@ttes.ca

**BUSINESS LICENCE APPLICATION**

For office use only

Clause	
Fee	
ICBL	
Total	

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

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

BUSINESS ADDRESS \_\_\_\_\_ Lot # \_\_\_\_\_

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

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

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

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

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

\$75 Inter-Community Business Licence  Yes  No

If you have a mobile business and conduct business in two or more of the partner communities, inquire about the Inter-Community Business Licence program's options. Participating communities City of Kamloops, Merritt, Barriere, Chase, Lillooet & Logan Lake

Home Business <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Society <input type="checkbox"/> Yes <input type="checkbox"/> No	TteS Band Member <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ % of business owned by Band Member. Must provide status card and business registration documents.		
# of Employees	# of Professional Employees	Floor Area
Head Lease Holder Name		
Lease Number		

***I, \_\_\_\_\_ 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