

## Tk'emlúps te Secwépemc Planning & Engineering Department Phone: 250-314-1570 Fax: 250-372-8833

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## **BUSINESS LICENCE APPLICATION**

For office use only
Clause
Fee
ICBL
Total

OWNER NAME		
BUSINESS NAME(AS YOU WOULD LIKE IT	DICDI AVED ON VOLID LIC	ENICE)
BUSINESS ADDRESS	DISPLATED ON YOUR LIC	ENCE)
MAILING ADDRESS		
EMAIL ADDRESS		
POSTAL CODE CONTACT NAME		
PHONE (bus) (hom	e)	(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 ☐ Yes ☐ No Registered So	ociety □ Yes □ No	TteS Band Member □ Yes □ No
% of business owned by Band Member. Must provide status card and business registration documents.		
# Of Employees		
# of Professional Employees		
Floor Area		
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