

<input type="checkbox"/> COMMERCIAL/INDUSTRIAL	<input type="checkbox"/> HOME BASED	<input type="checkbox"/> NON RESIDENT
<input type="checkbox"/> NEW	<input type="checkbox"/> INTER-MUNICIPAL LICENCE (\$250)	<input type="checkbox"/> CHANGE OF BUSINESS NAME
<input type="checkbox"/> CHANGE OF OWNER (\$50 COMMERCIAL)	<input type="checkbox"/> CHANGE OF LOCATION (\$50)	BLE FILE #:

SECTION A: BUSINESS INFORMATION. TO BE COMPLETED BY ALL BUSINESS LICENCE APPLICANTS.

NOTE: BUSINESS INFORMATION IS NOT CONSIDERED PERSONAL INFORMATION AND MAY BE RELEASED IN A PUBLIC DOCUMENT.

BUSINESS NAME			
TYPE OF BUSINESS (FULLY DESCRIBE SERVICES)			
PROPOSED START DATE OF BUSINESS		INCLUDE YOUR BUSINESS IN OUR LICENCE DIRECTORY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS OWNER NAME	LAST:	FIRST:	
MAILING ADDRESS		CITY:	POSTAL CODE:
BUSINESS LOCATION ADDRESS (IF DIFFERENT FROM ABOVE)		CITY:	POSTAL CODE:
TELEPHONE AND CONTACT INFORMATION * (*PHONE NUMBERS ARE RELEASED IN A PUBLIC DOCUMENT)	WORK:	CELL:	FAX:
	WEBSITE:	EMAIL:	
NUMBER OF EMPLOYEES (INCLUDING OWNERS)	FULL TIME:	PART TIME:	

CONTRACTORS WITH THE FOLLOWING BUSINESSES, PLEASE PROVIDE COPIES OF YOUR TRADE ACCREDITATION/LICENCE
PLEASE CIRCLE: ELECTRICAL-LEL# GAS-LGA# SECURITY-B PLUMBING COPY OF CERTIFICATE REQUIRED

SECTION B: HOME BASED BUSINESS - ADDITIONAL INFORMATION IF YOUR BUSINESS IS OPERATING FROM YOUR HOME IN MAPLE RIDGE.

** PLEASE NOTE: A HOME INSPECTION IS REQUIRED PRIOR TO ISSUANCE OF LICENCE TO ENSURE COMPLIANCE WITH ACCESSORY HOME OCCUPATION USE.

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TOTAL GROSS AREA OF THE HOME (M ²):	AMOUNT OF FLOOR SPACE USED FOR THE BUSINESS (M ²):
ARE GOODS, VEHICLES OR EQUIPMENT STORED ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
IS MERCHANDISE SOLD TO THE GENERAL PUBLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DOES THE PUBLIC ENTER ONTO THE PREMISES TO COLLECT THE MERCHANDISE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU OPERATING A DAYCARE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER OF CHILDREN IN YOUR CARE: _____	ARE YOU A MOBILE ONLY BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU HAVE CLIENTS ONSITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE LIST THE TYPE OF CLASSES: MAXIMUM NUMBER OF PARTICIPANTS PER CLASS: _____
WILL YOU BE HOLDING ANY CLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION C: COMMERCIAL BUSINESS - ADDITIONAL INFORMATION IF YOUR BUSINESS IS OPERATING FROM A COMMERCIAL OR INDUSTRIAL UNIT IN MAPLE RIDGE.

<p>ARE YOU MAKING OR HAVE YOU MADE STRUCTURAL CHANGES/RENOVATIONS TO THE PREMISES /UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>IF YES PLEASE DESCRIBE (PLEASE NOTE PERMITS MAY BE REQUIRED) :</p>
<p>TOTAL GROSS FLOOR AREA OF BUSINESS (M²) : (FEE MAY BE CALCULATED ON M²)</p>	
<p>ARE YOU SHARING PREMISES WITH ANOTHER BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>IF YES, NAME OF BUSINESS:</p>
<p>ARE YOU OPERATING A COMMERCIAL DAYCARE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>IF YES, NUMBER OF CHILDREN IN YOUR CARE:</p>
<p>IF OPERATING A RESTAURANT/CAFÉ? PLEASE PROVIDE THE FOLLOWING INFORMATION: NUMBER OF SEATS IN THE RESTAURANT _____ PLEASE CONTACT THE LOCAL FRASER HEALTH AUTHORITY IN ORDER TO OBTAIN FRASER HEALTH APPROVAL</p>	<p>WILL YOU BE HOLDING ANY CLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST THE TYPE OF CLASSES: MAXIMUM NUMBER OF PARTICIPANTS PER CLASS: _____</p>
<p>WILL YOU BE SERVING ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>TYPE OF LIQUOR LICENCE (PLEASE CONTACT THE LIQUOR & CANNABIS REGULATION BRANCH TO OBTAIN APPROVAL)</p>

BUSINESS EMERGENCY CONTACT PERSON (FOR RCMP OR FIRE EMERGENCIES AT YOUR BUSINESS)
PLEASE NOTE – THE PERSON LISTED BELOW MUST BE ABLE TO RESPOND WITHIN 30 MINUTES OF BEING CONTACTED

NAME: _____ PHONE : _____

HOME ADDRESS: _____

I/we the undersigned make application for a business licence in accordance with the information given and declare the statements are true and correct. I/we understand that a business cannot operate without first obtaining a valid business licence and payment of the application fee does not guarantee the issuance of a licence. I/we undertake, if granted the licence applied for, to comply with each and every obligation contained in bylaws now in force or which may hereafter come into force in the City of Maple Ridge.

FORM COMPLETED BY : _____ SIGNATURE: _____

POSITION IN BUSINESS: _____ DATE: _____

Business Licences are public records that are available for inspection upon request at the City of Maple Ridge. The City may also use business licence information, including those of home-based businesses for publication on the City's website. All information gathered for business licensing purposes is managed in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.

FOR OFFICE USE ONLY

BUSINESS LICENCE NUMBER:		ACCOUNT NUMBER:	
PAYMENT RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DEBIT <input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH AMOUNT : \$ _____			
ZONING APPROVAL			
DATE:		ZONE:	LOT SIZE:
TYPE: 1 2 3 4		# OF CLIENTS PERMITTED ONSITE:	
APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, GIVE REASON:	
APPROVED BY (PRINT NAME):		SIGNATURE:	
BYLAW OFFICER APPROVAL REQUIREMENTS			
BYLAW OFFICER	TASK LIST APPROVED & CLOSED		<input type="checkbox"/> YES <input type="checkbox"/> NO
BYLAW OFFICER	HOME OCCUPATION FORM REVIEWED WITH APPLICANT		<input type="checkbox"/> YES <input type="checkbox"/> NO
INSPECTION APPROVAL REQUIREMENTS			
BUILDING INSPECTION	REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED: <input type="checkbox"/> YES	
ELECTRICAL INSPECTION	REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED: <input type="checkbox"/> YES	
GAS INSPECTION	REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED: <input type="checkbox"/> YES	
PLUMBING INSPECTION	REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED: <input type="checkbox"/> YES	
FIRE INSPECTION	REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED: <input type="checkbox"/> YES	
HEALTH INSPECTION	REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED: <input type="checkbox"/> YES	
BCLCB	REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED: <input type="checkbox"/> YES	
CRIMINAL RECORD SEARCH	REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED: <input type="checkbox"/> YES	
ISSUANCE			
APPROVED BY (PRINT NAME):			
SIGNATURE:			
ISSUED DATE:		DATE MAILED:	