



**Business Licence Application – Commercial**

**Minimum Payment of \$110.00  
Required at Time of Application  
Incomplete Applications Will Not Be Processed**

- |   |   |
|---|---|
| <input type="checkbox"/> New application  | <input type="checkbox"/> Is this a new business to Maple Ridge? |
| <input type="checkbox"/> Change of Business Name  | <input type="checkbox"/> Change of Business Use                 |
| <input type="checkbox"/> Change of Address (\$50.00)  | <input type="checkbox"/> Change of Owner (\$50.00)              |
| <input type="checkbox"/> Have you been assisted by the Strategic Economic Initiatives Department? |   |

BUSINESS NAME	
TYPE OF BUSINESS (PLEASE BE SPECIFIC)	
BUSINESS ADDRESS	
BUSINESS OWNER'S NAME	
BUSINESS WEBSITE ADDRESS	
BUSINESS EMAIL ADDRESS	
BUSINESS TEL # (PLEASE NOTE THIS NUMBER WILL BE RELEASED IN A PUBLIC DOCUMENT)	
BUSINESS CELL #	
BUSINESS FAX #	
MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)	
PROPOSED START DATE OF BUSINESS	
OCCUPANCY DATE	
EFFECTIVE DATE OF CHANGE (IF APPLICABLE)	
ARE YOU MAKING STRUCTURAL CHANGES TO PREMISE/UNIT (IF YES, PLEASE DESCRIBE)	
ARE YOU SHARING PREMISES WITH ANOTHER BUSINESS (IF YES, PLEASE NAME)	
# FULL TIME EMPLOYEES (INCLUDING OWNERS)	
# PART TIME EMPLOYEES	
FLOOR AREA OF BUSINESS (FEES MAY BE BASED ON M <sup>2</sup> )	Retail M <sup>2</sup> _____ Wholesale M <sup>2</sup> _____ Office M <sup>2</sup> _____ Warehouse M <sup>2</sup> _____

**\*\*APPENDICES (TO BE COMPLETED IF YOUR BUSINESS FALLS UNDER ANY OF THESE CATEGORIES)\*\***

A. ADULT	B. AUTOMOTIVE
E. RENTAL UNITS/RENTAL SERVICES	D. FOOD & BEVERAGE
G. REAL ESTATE	F. PERSONAL SERVICES
I. SPORTS & RECREATION	H. SECOND HAND DEALERS
	J. TEMPORARY VENDOR

**\*\*IF YOU ARE ANY OF THE FOLLOWING, PLEASE PROVIDE US WITH A COPY OF YOUR TRADE ACCREDITATION AND COPY OF YOUR PICTURE ID:**

- ELECTRICAL
- GAS
- FIRE
- PLUMBING
- SECURITY/ALARMS
- MECHANICAL

EMERGENCY CONTACT PERSON (FOR RCMP/FIRE EMERGENCIES ONLY) **must be able to respond within 30 minutes**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Tel #: \_\_\_\_\_

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 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 District of Maple Ridge.

This Form Completed By \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Position \_\_\_\_\_

Business Licences are public records that are available for inspection upon request at the District of Maple Ridge. The District may also use business licence information, including those of home-based businesses for publication on the District'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.

\*\*\*\*\* Office Use Only \*\*\*\*\*

ZONING APPROVAL		
DATE:	ZONE:	APPROVED Y/N:
IF NO, GIVE REASON		
APPROVED BY		
INSPECTIONS		
DEPARTMENT	DATE SENT	DATE OF APPROVAL
BUILDING & ELECTRICAL		
FIRE		
HEALTH		
TYPE OF PAYMENT		
CREDIT CARD _____	CASH _____	CHQ _____
ISSUANCE		
AMANDA FOLDER # _____	ISSUED BY: _____	
ISSUED DATE: _____	MAILED DATE: _____	