

## **Business Licence Application**

## **Bylaw and Licensing Division**

604.469.4541 • www.portmoody.ca

Application Type				
☐ New ☐ Home Office ☐	Home Occupation	☐ Inter-Municipal ☐	Non-Profit □ Special Event	
Have you previously applied for or	had a business lice	ence in Port Moody?	☐ Yes ☐ No	
Is this for new ownership only?	☐ Yes ☐ No	Is this for a location of	change? 🛘 Yes 🗖 No	
Physical location of business in	Port Moody			
Unit: Address: Postal Code:				
☐ Physical location of business not in Port Moody (eg: contractor, non-resident)				
Business Owner's Information				
Name:				
Mailing Address				
Unit: Address:		City:	Postal Code:	
Phone	Cell:	Email (requi	red):	
Trade Information				
Trade Name (Business operates a	ıs):			
Unit: Address:		City:	Postal Code:	
Phone		Cell:		
Email:		Webpage:		
What is your business?				
Home Based Business or Home Office (Fill out this section only if relevant)				
For strata or rental property attack	a letter from strata	and/or owner of proper	ty granting approval to operate	
For strata or rental property attach a letter from strata and/or owner of property granting approval to operate a business from this address. <b>Home based business applications must submit a floor plan showing location of area used for business.</b>				
This is a strata:	☐ yes ☐ no	This is a rental:	☐ yes ☐ no	
There is a letter attached:	☐ yes ☐ no	There is a floor p	olan attached: 🚨 yes 🚨 no	
Will clients be visiting your home?	☐ yes ☐ no			
Total gross floor area of home:		Proposed area for	or business use:	

Fill out this section if you are a Port Moody based I	business:
Alterations	
Will you be doing any building/plumbing, sign alteration	ns or additions?
Will you be displaying a portable freestanding sign (sar	ndwich board sign)?
Will you be using a public sidewalk for storage or seati	ng? ☐ yes* ☐ no
	*If yes, a permit may be required
Additional Information	
Number of employees working in Port Moody - Full Tim	ne: Part Time:
Total gross area of business (in square feet):	
# of ATMs on premises:	Number of rooms rented:
# of billiard tables on premises:	Number of vending machines on premises:
Number of parking spaces (Commercial parking lots only,	): Number of children (Daycares only):
Number of realtor desks (Realtor offices only):	
I/we the undersigned hereby apply for a Business Licence that the statements are true and correct. I/we undertake, if and every obligation contained in the bylaws now in force further understand that all business licences expire on Desyear. Every Business Licence is subject to review at any to I/we understand that information on my business will be some www.portmoody.ca and used as a local supplier list by the It is your responsibility to sign up for e-billing a from the City with your account number, access	if granted the licence applied for, to comply with each or which may hereafter come into force in the City. I/we excember 31 each year and must be renewed each new time and may be suspended or revoked for cause. Shared through the City's online business directory at the City. Personal information will not be shared.  Stices are sent electronically.  It my.portmoody.ca. Watch for an email
This form completed by:	Phone:
Signature:	Date:
For Office Use Only Property zoned:	Application received by:
Fee:	Date:

**Business Licence Number:** 

**Business Account Number:**