



District of Mackenzie

Business License Application

Bag 340, 1 Mackenzie Blvd, Mackenzie BC, V0J 2C0 (250)997-3221

APPLICATION FOR (CHECK ALL THAT APPLY)		
<input type="checkbox"/> New Business <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Name		
BUSINESS NAME		
Business start date: _____ Business incorporated <input type="checkbox"/> YES <input type="checkbox"/> NO Year: _____		
BUSINESS LOCATION ADDRESS		
BUSINESS MAILING ADDRESS		
Business phone:	Email:	
Business Fax:	Website:	
OWNER NAME & ADDRESS		
Owner Phone:	Owner email:	
Owner Fax:	Cell:	
PRINCIPLE OPERATORS/LOCAL MANAGER OF BUSINESS:		
Phone:	Email:	
Fax:	Cell:	
PROPERTY OWNERS: (if different than business owner)		
Phone:		
BUSINESS BYLAW CATEGORY (CHECK ALL THAT APPLY)		
<input type="checkbox"/> AUTOMOTIVE SERVICES <input type="checkbox"/> GENERAL BUSINESS SERVICES <input type="checkbox"/> PERSONAL SERVICES <input type="checkbox"/> SALES	<input type="checkbox"/> CONSTRUCTION & BUILDING & LAND SERVICES <input type="checkbox"/> HOSPITALITY, ACCOMODATIONS & ENTERTAINMENT <input type="checkbox"/> PROFESSIONALS <input type="checkbox"/> TRANSPORTATION SERVICES	<input type="checkbox"/> FINANCIAL & INSURANCE SERVICES <input type="checkbox"/> MANUFACTURING & INDUSTRIAL SERVICES <input type="checkbox"/> REAL ESTATE & PROPERTY <input type="checkbox"/> SPECIALTY BUSINESSES

BUSINESS CONDITIONS	
Number of people employed: (include working owners) Full time: _____ Part time: _____ Rental units/services spaces provided: _____	Trades qualification certificate # _____
<p>I, _____ hereby make application for a Business License in accordance with the information stated above, and declare that the above information is true and I agree that if the license applied for is approved, I will comply with all the regulations, laws and bylaws now in force or which may come into force within the District of Mackenzie. I further understand that if any of the above factors change, I am under obligation to notify the License Inspector in writing of the change(s) and that I may be required to re-apply for a business license. I also understand that if this location involves the use of premises for business purposes that they may not be occupied until they have been inspected and a license issued.</p>	
<p>I give permission for my business to be listed in a promotional business directory and online by the District of Mackenzie</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> No </p> <p>Signature of Applicant: _____ Date: _____</p> <p>I further understand that the District is subject to the <i>Freedom of Information and Protection of Privacy Act</i> of British Columbia and any information I provide to the District in connection with this application and a business licence shall be subject to that statute.</p>	

OFFICE USE ONLY			
DEPARTMENT	YES	NO	SIGNATURE OF APPROVAL
FIRE DEPARTMENT APPROVAL REQUIRED			
BUILDING INSPECTOR APPROVAL REQUIRED			
BUILDING PERMIT REQUIRED			
PLANNING APPROVAL REQUIRED			
COUNCIL APPROVAL REQUIRED			

LICENSE INSPECTOR FINAL APPROVAL	
_____ Licensing Officer	_____ Date

Business License #:	Processing date:	Fee (if prorated, include percentage):
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