

VILLAGE OF RADIUM HOT SPRINGS

PO BOX 340, 4836A RADIUM BOULEVARD
RADIUM HOT SPRINGS, BC V0A 1M0
TELEPHONE: (250) 347-6455/ FAX: (250) 347-9068

BUSINESS LICENCE APPLICATION FORM

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

CIVIC ADDRESS OF BUSINESS: _____

PHONE: _____

CELL: _____

I hereby make application for a Business License in accordance with the particulars as above stated and declare these statements to be true and correct. I undertake that if I am granted a Business License, I will comply with each and every obligation contained in all laws and bylaws now in force or which may hereafter come into force in the Village of Radium Hot Springs. I further understand that if this application involves the use of premises for business purposes, they may not be occupied until they have been inspected and approved by the Municipality and a Business License issued.

Date: _____

Signature of Applicant: _____

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OFFICE USE ONLY:

Date: _____

Retail: _____ # of sq. ft.

Motel: # _____ of units

Restaurant: _____ # of seats

Fire Inspection: _____

Health Inspection Approval: _____

No. of Parking Stalls _____

Zoning: _____

Signage: _____

Fees: \$ _____

Approved by: _____