

Business Licence Application

Business Licence Department 6911 No. 3 Road, Richmond, BC V6Y 2C1

richmond.ca	mond.ca Tel: 604-276-4328 Email: buslic@richmond.c				
Office Use Only:		(0)			
Licence Reference Number:		(N)			
	Change of Owner*	ange of Name			
Have you previously applied for a busir	ness licence in Richmond	l? ☐ Yes ☐ No			
Business Type: Commercial/Industr		(See Appendix B)			
Proposed Start Date: Month Day	or Effective Date	te of Change: Month Day Year			
Month Day	Year	Month Day Year			
BUSINESS INFORMATION (AI ☐ Sole Ownership ☐ Partnership ☐ **For CORPORATION Only, copy of Cer	Corporation				
Operating or Trade Name:					
Registered Company Name:					
Operating/Business Address:		Unit No:			
City:	Province:	Postal Code:			
Bus. Tel.:	Fax:				
Cell:	Email:				
Mailing Address:					
(If different from above) City:	Province:	Postal Code:			
		chmond:			
Number of Employees working in Ric	chmond (To include owners):	(Full-time): (Part-time):			
For TRADE Contractor Only, copy of c	contractor TQ or trade certi	ficate to be submitted with application			
Contractors TQ No.:	TQ Holder's Name	e:			
Gas Contractors Bond No.:					
OWNERSHIP INFORMATION	(All to complete Additional	owners can be submitted on separate paper)			
	,				
11411101		Title/Position:			
Home Address (residential address):					
Home Address (residential address):	Province:	Postal Code:Email:			

* Transfer of Business Licence Appendix D to be completed and submitted with this application.

Commercial or	Home Occupation Uses	s Only (Required)		
Are goods/products	Are goods/products sold directly in person to the general public (i.e. retail)?		☐ Yes ☐ No	
Is any part of your business sub-contracted? Are goods/products, commercial vehicles, or equipment stored on premises? If yes, please describe:		☐ Yes ☐ No		
		☐ Yes ☐ No		
Commercial/Ind	dustrial Business (Premise	es in Richmond only, please co	mplete)	
Contact Name for B	Business in Richmond (full name):	l		
Title:				
Emergency Contact	t Name:	Tel.: After Hours Number		
	Renovations to Business Pren			
Who are you Sharin	ng Premises with (name of bus	siness):		
Floor Area (In sq. ft.):	Office:	Warehouse:		
	Retail:	Outside:		
	Wholesale:			
Liquor Licence? □	Yes 🛘 No If yes, type? 🗖 F	Food Primary 🔲 Liquor Prim	ary 🔲 With Endorsement	
No. Seats (Restaurants	& liquor establishments):	No. Merchandise Ma	achines:	
No. Amusement Ma	chines:			
Do you or will yo	e: An exterior sign or window u have any exterior signs or win for sign permit applications to Richmon	ndow signs?	mit. □ Yes □ No	
**NOTE: Zoning Bylaw	V No. 8500 – On-Site Vehicle Parking commercial/industrial businesses.		hat sufficient parking is	
Do you have suff			☐ Yes ☐ No	
and declare that the all relevant bylaws	ication for a business licence i e statements are true and corr now in force or which may co	ect. I agree, if granted a li me into force in the City o	cence, to comply with f Richmond.	
			Title:	
Signature: Date:				
for the company. Note: This application will not Business Licences are public revarious additional publications, a requ	t be processed without the APPLICATION FE. ecords and are available for inspection on reques on the City website and/or in hard-copy formal est in writing to decline publication must be re- in accordance with the Freedom of Information	E. In order to receive the fee amount, ple est at City Hall. The City also makes bus t. If you do not wish your business inforn ceived by the Licence Inspector. All infor	rase contact the Licence Department. iness licence information available in nation to be made available in any	
Office Use Only:			Cash □ Debit □ CC □ Cheque	
1	Sub Type:		Fee:	
Folder Type:	Sub Type: Sub Type:		Fee:	
			Date:	
Approved by Chief I	licence Inspector:		Date:	

6636363 / BL-11 / rev. October 16, 2024 Page 2 of 2