

VILLAGE OF RADIUM HOT SPRINGS

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

BUSINESS LICENCE APPLICATION FORM

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

OWNER/APPLICANT NAME: _____

MAILING ADDRESS: _____

CIVIC ADDRESS OF BUSINESS: _____

PHONE: _____ EMAIL: _____

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.

We agree to our license information being shared with Tourism Radium Yes _____ No _____

Date: _____

Signature of Applicant: _____

.....
OFFICE USE ONLY:

Date: _____

Retail: _____ # of sq. ft.

Motel: # _____ of units

Restaurant: _____ # of seats

No. of Parking Stalls _____

Zoning: _____

Fire Inspection: N/A

Comments: _____

Date of Fire Inspection: _____

Passed Comments: _____

Fire Inspector Initial: _____

Health Inspection Approved: Yes N/A

Comments: _____

Signage Permit Required: Yes N/A

Comments: _____

Business Licence Fees: \$ _____

Final Approval by: _____ *(after Fire Inspection passed & Health Inspection Approved)*

Print Name: _____

Shared with Tourism Radium Yes _____ No _____