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BUSINESS LICENCE APPLICATION INTER-MUNICIPAL (Mandatory Information)

Application Date: _____ Start Date (New Business): _____

Name of Business: _____

District of Kent Business Licence Number: _____

District of Kent

Mailing Address: _____

District of Kent

Street Address: _____

Business Owner(s): _____

Business Phone: _____ Fax: _____

Cell Phone: _____ E-mail: _____

After Business Hour

Contact - Name: _____ Phone: _____

PARTICIPATING MUNICIPALITIES:

- | | | | |
|--------------------|------------------|---------------------|----------------------|
| District of Kent | City of Delta | Township of Langley | City of Pitt Meadows |
| City of Abbotsford | District of Hope | City of Maple Ridge | City of Surrey |
| City of Chilliwack | City of Langley | City of Mission | Village of Harrison |
| | | | Hot Springs |

I hereby make application for an Inter-Municipal Business Licence (IMBL) and declare that the information given in this application to the best of my knowledge is true and correct and I further agree to comply with all the relevant Bylaws of The Corporation of the District of Kent. I also understand that payment of my Business Licence Application Fee does not guarantee the issuance of a licence. A licence can only be issued once the business is in compliance with all applicable bylaws and regulations.

Print Name: _____ Signature: _____

(This Section for Office Use Only)

IMBL LICENCE #: _____ CUSTOMER #: _____ RECEIPT #: _____

LICENCE FEE CODE: _____ **IMBL** _____ LICENCE FEE AMOUNT: _____ **\$250** _____

AUTHORIZED BY: _____ DATE: _____

Director of Financial Services

RECORDED IN MOBILE BUSINESS REGISTRY BY FINANCE DEPARTMENT

Note: Personal information included on this form is collected solely for the purposes authorized by the Community Charter and is subject to disclosure in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about this collection, please contact the Director of Corporate Services at (604) 796-2235