



7170 Cheam Avenue  
PO Box 70  
Agassiz, British Columbia  
Canada V0M 1A0

Tel: (604) 796-2235  
Fax: (604) 796-9854  
Web: www.kentbc.ca

### BUSINESS LICENCE APPLICATION Resident Business (Mandatory information)

I/we hereby apply for:

New business  Change of location  Change of owner  Change of business name  Change of business information

Application date: \_\_\_\_\_ Start date (New business): \_\_\_\_\_

Name of business: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

District of Kent business  
street address: \_\_\_\_\_  
\_\_\_\_\_

Business owner(s): \_\_\_\_\_

Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

After business hour  
contact - name: \_\_\_\_\_ phone: \_\_\_\_\_

Home occupation business: Yes  No

Is your business within the Agricultural Land Reserve (ALR)? Yes  No

Are you renovating or altering the premises Yes  No

Detailed description of business (please indicate e.g., Accountant, Plumbing Contractor, etc.): \_\_\_\_\_

\_\_\_\_\_

Brief description of business (office use only): \_\_\_\_\_

\_\_\_\_\_



**BUSINESS LICENCE APPLICATION**  
**Resident Business (Mandatory information continued)**

Number of available off-street parking spaces (attach parking plan): \_\_\_\_\_

Location of off-street loading zone (attach parking plan): \_\_\_\_\_

Is there another business operating on the same property? Yes  (list below) No

\_\_\_\_\_

Total floor area of building (attach floor plan): m<sup>2</sup> \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_

Business floor area (denote on plan): m<sup>2</sup> \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_

Business enclosed storage area (attach floor plan): m<sup>2</sup> \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_

Business unenclosed storage area (attach site plan): m<sup>2</sup> \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_

Number of employees who reside on property: \_\_\_\_\_

Number of employees who do not reside on property: \_\_\_\_\_

Number business use vehicles\*: Car \_\_\_\_\_ Van/Pickup \_\_\_\_\_ Trailer \_\_\_\_\_ Other \_\_\_\_\_

\*Do not include vehicles used for non-business (personal/pleasure)

Description, curb weight (kg) and length of other vehicles and length of trailer(s): \_\_\_\_\_

\_\_\_\_\_

Do you propose to install business signage on the building or property? Yes  (sign permit required) no

B&B/hotel/motel – number of rooms: \_\_\_\_\_

Apartment – number of units: \_\_\_\_\_

Mobile home park/campground – number of pads/spaces: \_\_\_\_\_

Coffee shop/restaurant/pub – seating capacity: \_\_\_\_\_

Do you wish to be featured on the district's online directory of businesses? Yes  no

Liquor licenses: Yes  No

*I hereby make application for a Business Licence 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.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**(This section for office use only)**

CUSTOMER #: \_\_\_\_\_

LICENCE #: \_\_\_\_\_ ROLL #: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

LICENCE FEE CODE: \_\_\_\_\_ LICENCE FEE AMOUNT: \_\_\_\_\_

LICENCE FEE CODE: \_\_\_\_\_ LICENCE FEE AMOUNT: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Director of Development Services

**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.



**BUSINESS LICENCE APPLICATION**  
(Internal checklist)

**The following is for office use only**

**BYLAW ENFORCEMENT**      Approved       Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Active file:                      Yes:       No:

Concerns: \_\_\_\_\_

**BUILDING DEPARTMENT** N/A  Approved       Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Existing building: \_\_\_\_\_      New building: \_\_\_\_\_

Concerns: \_\_\_\_\_

**FIRE DEPARTMENT**      N/A  Approved       Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Fire inspection required:      Yes:       No:

Concerns: \_\_\_\_\_

**PLANNING DEPARTMENT**      Approved       Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Zoning: \_\_\_\_\_      Parking: \_\_\_\_\_

Permitted use: \_\_\_\_\_      Customer type: \_\_\_\_\_

Concerns: \_\_\_\_\_

**APPROVALS REQUIRED BY OTHER AGENCIES**

Ministry of Health:                      Yes:       No:       Approved \_\_\_\_\_      Date: \_\_\_\_\_

Liquor Control and Licensing Board:      Yes:       No:       Approved \_\_\_\_\_      Date: \_\_\_\_\_

RCMP:                                      Yes:       No:       Approved \_\_\_\_\_      Date: \_\_\_\_\_

Other: \_\_\_\_\_      Yes:       No:       Approved \_\_\_\_\_      Date: \_\_\_\_\_

**COPY OF APPLICATION TO UTILITIES DEPARTMENT? (Tick Box When Done   or N/A**

Rate Codes			
030	Carnival/Circus	205	Partial, 1 <sup>st</sup> Time Resident Business
065	Higher Rate Residential Flat	215	Partial, 1 <sup>st</sup> Time Higher Rate Residential Flat
095	Higher Rate Residential Per "M2"	216	Partial, 1 <sup>st</sup> Time Higher Rate Residential Per "M2"
200	Resident Business		