



# BUSINESS LICENCE APPLICATION

## TOWN OF COMOX

1809 Beaufort Avenue Ph: (250) 339-2202  
 Comox BC V9M 1R9 Fx: (250) 339-7110

BUSINESS LICENCE BYLAW 799  
 SCHEDULE "B"

New Business: <input type="checkbox"/>	Owner Change: <input type="checkbox"/>	Address Change: <input type="checkbox"/>	Name Change: <input type="checkbox"/>
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Licence Type: <small>Check all that apply</small>	Town of Comox: <input type="checkbox"/> <small>(Comox licence only)</small>	Intermunicipal: <input type="checkbox"/> <small>(Comox and Courtenay licence)</small>	Inter-Community: <input type="checkbox"/> <small>(Participating Municipalities)</small>
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Business Name:			Business Phone:		
Business Owner:			Business Fax:		
Business Address:			Mailing Address:		
Town:	Prov:	Postal:	Town:	Prov:	Postal:

Contact Name:	Email:	Phone:
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Business Description:		Start Date:
Is this a home-based business? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you be operating for more than one year? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you be Renovating? Yes <input type="checkbox"/> No <input type="checkbox"/>

I/we, the undersigned, hereby apply for the Town of Comox Business Licence as hereinbefore outlined and declare that all statements made in the application are true and correct. I/we further agree that should the licence applied for herein be granted, that I/we will abide by all bylaws now in force or which hereafter come into force in the Town of Comox.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY		
<b>PLANNING</b>	Referral:	Comments:
	Approval:	
<b>BUILDING</b>	Referral:	Comments:
	Approval:	
<b>FIRE</b>	Referral:	Comments:
	Approval:	
<b>OTHER</b>	Referral:	Comments:
	Approval:	

Business Licence Inspector:	Licence Category:	Licence Year:
Approved:	Licence Fee:	Licence Number:
		Issued: