



619 Cliff Ave. PO Box 400  
Enderby, B. C. V0E 1V0 ph: 250-838-7230 fax: 250-838-6007  
[www.cityofenderby.com](http://www.cityofenderby.com)

## **BUSINESS LICENSE APPLICATION**

Pursuant to and subject to the provisions of Business License Bylaw #1558, 2014 and Inter-Community Business License Bylaw #1430, 2008

**BUSINESS NAME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **MAILING ADDRESS:** \_\_\_\_\_

**CONTACT NAME(S):** \_\_\_\_\_

**PHONE NUMBER(S):**  
**Business:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **WEBSITE:** \_\_\_\_\_

**DESCRIPTION OF YOUR BUSINESS:** \_\_\_\_\_

**TYPE OF BUSINESS:** ☐ Home-based ☐ Commercial ☐ Contractor ☐ Mobile ☐ Industrial # of people: \_\_\_\_\_

<b>FOOD SERVICES ONLY:</b>	<b>HAIR / ESTHETIC SERVICES ONLY:</b>	<b>ACCOMMODATION SERVICES ONLY:</b>
<b># of Seats:</b> _____	<b># of Salon Chairs:</b> _____	<b># of Units:</b> _____

I, We \_\_\_\_\_ hereby make application for a license in accordance with the particulars as above stated and declare that the above statement is true and correct and I/we undertake that if I/we are granted the license applied for, I/we will comply with each and every obligation in all laws and bylaws now in force, or which may hereafter come into force in the City of Enderby. I/We also understand that the payment of the Business License fee in advance, does not guarantee approval.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

### **FOR OFFICE USE ONLY:**

**Planning Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Deposit Required:** \_\_\_\_\_

**Licensing Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Building Inspector's approval** YES \_\_\_\_\_ N/A \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fire Prevention Officer's approval** YES \_\_\_\_\_ N/A \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Officer's approval** YES \_\_\_\_\_ N/A \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cross Connection Notification** YES \_\_\_\_\_ N/A \_\_\_\_\_ **Date:** \_\_\_\_\_

**City License Fee:** \$ 75.00 **Receipt #** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_ **License #** \_\_\_\_\_

**Inter-Municipal License Fee:** \$150.00 **Receipt #** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_ **License #** \_\_\_\_\_

	<b>Class Code</b>	<b>Customer Code</b>			
BUSLIC	_____	_____	_____		
FOLIO	208. _____			or "Out of Town"	
	<b>Utility Code</b>	<b>Start Yr</b>	<b>End Yr</b>	<b>PT Updated</b>	<b>UB Updated</b>
Water	W _____ 0 _____	20 _____	20 _____		
Sewer	S _____ 0 _____	20 _____	20 _____		

Revised April 8, 2019