

# Business Licence Application



**New Application**

Proposed Start

**Commercial**

**Address Change**

Date: \_\_\_\_\_

**Industrial**

**Owner Change**

Day Month Year

**Warehouse** \_\_\_\_\_ area (sq ft)

**Business Name Change**

**Home Occupation**

**Business Use Change**

Date Changed: \_\_\_\_\_

**Non-Resident**

**Photo Identification:**

Day Month Year

**Metro West Inter-Municipal**

**Verified**

**Fraser Valley Inter-Municipal**

**BUSINESS INFORMATION:** Sole Ownership Partnership Corporation Reg. No. \_\_\_\_\_

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

**Business Owner:** Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

**Business Address:** \_\_\_\_\_ Unit No.: \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Emergency No.:** \_\_\_\_\_

**Mailing address:** (If different from above) \_\_\_\_\_ Unit No.: \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**DETAILED DESCRIPTION OF ALL BUSINESS ACTIVITIES & SERVICES: (Please complete)**

\_\_\_\_\_  
\_\_\_\_\_

**No of Employees (Incl of Owners):** \_\_\_\_\_ **Recognized Association Certification:** \_\_\_\_\_

**No of Restaurant Seats:** \_\_\_\_\_ **No of Parking Stalls (Com/Ind):** \_\_\_\_\_

**Are goods, vehicles or equipment stored on the premises?** Yes No

**Will containers be stored on the property in future?** Yes No # \_\_\_\_\_

**Are you renovating the Premises?** Building: Yes No Plumbing: Yes No

**Trade Qualification No.:** \_\_\_\_\_ **TQ Holders Name:** \_\_\_\_\_

I hereby apply for a Business Licence and certify that the information provided above is correct and agree to comply with all relevant bylaws of City of Delta. I understand that this is an application only and should not be considered in any way as an approval to conduct business in Delta until a valid Business Licence has been issued.  
No Business Licence will be issued without valid photo identification.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Bus Licence #:** \_\_\_\_\_



City of Delta  
Property Use and Compliance Division  
4500 Clarence Taylor Crescent  
Delta, BC V4K 3E2  
T (604) 946-3314 F 604-952-3803 E [businesslicences@delta.ca](mailto:businesslicences@delta.ca)