

Business Licence Application



Business Information

Start Date: _____

New	Change of Address	Change of Owner	Change of Name
Business Operating Name:			
Business Address:			Unit #:
City:	Province:	Postal Code:	
Email Address:			Phone:
Business Mailing Address (if different from above)			Unit #:
City:	Province:	Postal Code:	

TYPE OF BUSINESS (detailed description):

No. of Employees (Incl owners):	No. of Seats (restaurants only):
Manufacturing: Yes No	Warehouse/Distribution: Yes No
Assoc. Certificate No.:	Sq Ft (Warehouse Only):
Are you renovating the premises?	Building Yes No Plumbing Yes No
Incorp./ Reg. No. (If appl):	Trade Qual. No. (If appl):

Owner Information

Name:	Surname	First	Phone No.
Address:			Unit #:
City:	Province:	Postal Code:	

Applicant Information (If Different from Owner)

Name:	Surname	First	Phone No.
Title / Position:			

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.

Signature: _____ Date: _____

Print Name: _____ Bus Licence #: _____

(office use only)



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 Property Use and Compliance Division
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