

Business Licence Application



Business Information

Start Date: _____

<input type="checkbox"/> New	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Name
Business Owner First & Last 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):		<input type="checkbox"/> Cryptocurrency ATM: I declare that my virtual currency bank/ATM machine is compliant with FINTRAC regulations.	
Manufacturing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Warehouse/Distribution: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Installing a sign? <input type="checkbox"/> Yes <input type="checkbox"/> No		Warehouse Sq Ft:	
Are you renovating the premises? Building <input type="checkbox"/> Yes <input type="checkbox"/> No		Plumbing <input type="checkbox"/> Yes <input type="checkbox"/> 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.

☐ **HOME BASED BUSINESS:** Please include my home-based business in Delta's online business directory.

Signature: _____

Date: _____

Print Name: _____

Bus Licence #: _____

(office use only)

City of Delta
4500 Clarence Taylor Crescent
Delta, BC V4K 3E2
T (604) 946-3314 F 604-952-3803 E businesslicences@delta.ca