

TOTAL FLOOR AREA: _____ PUBLIC ACCESS: _____ WAREHOUSE: _____ STORAGE AREA: _____

SHOP: _____ OFFICE _____ MEZZANINE: _____ AREA FOR DAY CARE _____ RETAIL SALES AREA _____

IF RESTAURANT OR TAKE-OUT DELIVERY: NUMBER OF SEATS: _____ OUTDOOR SEATING AREA: _____

ARE THERE ANY VENDING MACHINES ON THE PREMISES? YES _____ NO _____ HOW MANY? _____

ARE THERE ANY BANK MACHINES (ATM)? YES _____ NO _____ HOW MANY? _____

ARE THERE ANY TOBACCO PRODUCTS SOLD ON THE PREMISES? YES _____ NO _____

APPLICANT STATEMENT

I/we have received and read a copy of the excerpts from the City of Pitt Meadow Land Use Bylaw No. 1250 as related to Home Occupation uses and am able to comply with them. _____
Initials

I/we the undersigned hereby make application for a Business License in accordance with the information as stated and declare that the statements are true and correct. I/we further undertake, if granted the license applied for, to comply with each and every obligation contain in the bylaws now in force or which may hereafter come into force in the District. I/We further understand that all business licenses expire December 31 of each year and must be renewed each year. Every Business License is subject to review at any time and may be suspended or revoked for cause.

LICENCE FEE REQUIRED WITH APPLICATION \$ _____ (May be subject to amendment)

SIGNATURE: _____
(Applicant)

POSITION: _____ PHONE _____ DATE: _____

WITNESS: _____

ADDRESS: _____

LICENCE DEPARTMENT USE ONLY

PROPERTY ZONED: _____ APPLICATION RECEIVED BY: _____ DATE: _____

APPROVALS:

BUILDING: _____

ENGINEERING: _____

HEALTH: _____

PLANNING: _____

R.C.M.P.: _____

CLASSIFICATION(S) : _____ **LICENCE FEE:** _____ **LICENSE #** _____

APPROVED BY LICENCE INSPECTOR: _____ **DATE:** _____

ISSUED DATE: _____ **ISSUED BY:** _____