

# Village of Port Alice Business License Application



Business Location

- Resident Business (Port Alice)
- North Island Business
- Non-Resident Business

Length of Term

- Annual License
  - OR
  - Short-Term License
- From \_\_\_\_\_ To \_\_\_\_\_

# of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

# Rental Units/Spaces: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zoning: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

CERTIFICATION: I / We \_\_\_\_\_ hereby apply to the Village of Port Alice for a Business License as outlined and declare that all information provided is true and correct. I / we will abide by all bylaws in force or which hereafter come into force in the Village of Port Alice.

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

**Approval and/or Support Documentation REQUIRED. (Village to indicate those required.)**

Obtain indicated signatures below or attach a copy of the approval documentation.

- Fire Chief \_\_\_\_\_
- Health Inspector \_\_\_\_\_
- Building Inspector \_\_\_\_\_
- Certification/ Licenses \_\_\_\_\_
- Other \_\_\_\_\_

APPROVED: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_ ANNUAL RATE: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_ REASON: \_\_\_\_\_

DATE: \_\_\_\_\_ VILLAGE OF PORT ALICE OFFICIAL \_\_\_\_\_