

Village of Port Alice Business License Application

Applicant's Name: _____

Business Name: _____

Mailing Address: _____

Street Address: _____ Zoning: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Type of Business: _____

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

of Employees: Full-time _____ Part-time _____

of Rental Units/Spaces: _____

Annual License _____ **OR** Short-term License: From _____ to _____

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 further agree that should the license applied for herein be granted, that I/we will abide by all bylaws not in force or which hereafter come into force in the Village of Port Alice.

If application approved for annual license, I/we agree to All information being included on business listings printed or on websites____, OR, only the following: Business Name ____ Applicant's Name(s) ____ Civic Address ____ Mailing Address ____ Phone ____ Fax ____ E-mail ____ Website ____ NONE _____

Date

Signature(s) of Applicant

APPROVALS and/or Support Documentation REQUIRED (*Village to indicate those required*)
Obtain indicated signatures or attach copy of approval documentation.

Fire Chief _____ Building Inspector _____

Health Inspector _____

Certification / Licenses _____

Other _____

Approved _____ Classification: _____ Annual Rate: _____

NOT Approved _____ Reason _____

Date

Village of Port Alice Official

