



CITY OF PRINCE RUPERT
Development Services
424 3rd Avenue West
Prince Rupert, BC, V8J 1L7
Phone: (250) 627 0960 **Fax:** (250) 627 0979
Email: customer.service@princerupert.ca

APPLICATION TO OBTAIN A TRADE OR BUSINESS LICENCE

BYLAW NO. 2426

(PLEASE PRINT CLEARLY)

OFFICE USE ONLY

Date Received: _____ Trade Licence No. _____ Voucher No. _____

APPLICANT:

Contact Name: _____

Home Address: _____ Postal Code: _____

Phone #: _____ Email: _____

I hereby make application for a Trade Licence to carry on a business in the City of Prince Rupert.

Business Name: _____

Business Address: _____ Postal Code: _____
(if different from Home Address)

Mailing Address: _____ Postal Code: _____
(if different from Business Address)

Business Phone: _____ Business Email: _____

If Registered, Name of Company. If not registered, please list the Names of all Owners.

Registered Name of Company or Owners: _____

Business Location: _____

Please only complete what is applicable to your business:

Goods being sold: _____

Describe in detail the nature of your business and the intended use of the premise. (Both primary and secondary uses).

Size of premises: _____ Number of Vehicles: _____ Number of Agents: _____ Seating capacity: _____

Liquor Licence (Y / N) Number of Units of Rooms (Building Rentals): _____

If you intend to have any signage you must submit a [Minor Sign Permit Application](#) to the Planning Department.

Most signs on private property require a Development Permit or a Minor Works/Minor Sign Permit before a Building Permit can be issued to install a sign.

Enquire at City Hall before erecting a sign, exchanging an old sign for a new one, or constructing a new sign on your property.



CITY OF PRINCE RUPERT
Development Services
424 3rd Avenue West
Prince Rupert, BC, V8J 1L7
Phone: (250) 627 0960 **Fax:** (250) 627 0979
Email: customer.service@princerupert.ca

Consent and Confirmation:

- Please renew for January 1st Do NOT automatically renew
- I consent to the sharing of business contact information on this application
- I do not consent to the sharing of business contact information on this application

The undersigned certifies that the above information is true and that he/she is the owner or duly authorized agent for the above real Property.

Signature of the applicant: _____ **Date:** _____

OFFICE USE ONLY

Approved by: _____

Business Classification: _____

Fee Code: _____ Annual Fee: _____ Roll No. _____

Service From Residence: (Y / N)

Zoning: _____

Are any of the following inspections required?

Building Inspector (Y / N) If Yes, indicate the date it was received: _____

Fire Department (Y / N) If Yes, date received: _____

Criminal Record Search (Y / N) If Yes, date received: _____

Electrical Inspector Approval (Y / N) If Yes, date received: _____

Health Inspector (Y / N) If Yes, date received: _____