



THE CORPORATION OF THE VILLAGE OF FRUITVALE  
 1947 Beaver Street, PO Box 370, Fruitvale, BC V0G 1L0  
 Phone: 250-367-7551 Fax: 250-367-9267  
 Email: info@village.fruitvale.bc.ca

**BUSINESS LICENSE APPLICATION**

Please **PRINT** the following information:

I/We \_\_\_\_\_

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

Do hereby make application for a license to carry on the business of: \_\_\_\_\_

Located at (street address) \_\_\_\_\_

Operating under the business name of \_\_\_\_\_

Identification: \_\_\_\_\_  
 (Birth Certificate, Drivers' License, etc.)

TRADE Qualifications Certificates held: \_\_\_\_\_

Other Certificates: \_\_\_\_\_

I/We hereby make application for a license in accordance with the particulars as stated above and declare that the above statements are true and correct, and I/We undertake that if granted, the License applied for, I/We will comply with each and every obligation contained in all laws and By-laws now in force and amendments thereto in the Municipality of Fruitvale.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Phone No. (Residence) (Business)

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Fax

**FOR OFFICE USE ONLY:**

**DEPARTMENT CHECKS:**

Application No. \_\_\_\_\_

Building Inspector \_\_\_\_\_

Classification: \_\_\_\_\_

Fire Inspector \_\_\_\_\_

Fee: \_\_\_\_\_

Health Officer \_\_\_\_\_

Approved: \_\_\_\_\_

Peace Officer \_\_\_\_\_

COMMENTS: \_\_\_\_\_

***The above is to be carried out and the FIRE DEPARTMENT Notified. The Owner or Owner's Authorized Agent shall be responsible for carrying out the provisions of this report as outlined in Section 1.1 of the BC Fire Code.***

The above information is required in accordance with the provisions of the Village of Fruitvale "Business License By-law No. 877, 2016".