



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. _____

Development Officer _____

Classification: _____

Fire Inspector _____

Fee: _____

Health Officer _____

Approved: _____

Building Inspector _____

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".