



TEMPORARY OR PORTABLE VENDOR BUSINESS LICENCE APPLICATION

Licence Number:				Date:			
Business Name:				Open Date:			
Owner Name(s):				Phone:			
				Phone:			
Managers Name:				Phone :			
Email:				Bus Phone:			
Website:							
Business Location:						Mailing Address:	
Business Activities – describe what you do:							
Number of employees (including owner(s)):		Full time:		Part time:		Seasonal:	
Invoice Annually?		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
<p>I/We hereby make application for a licence in accordance with the particulars stated in this application, declare the above statements are true and will comply with each and every obligation contained in all laws and Bylaws now in force or which may hereafter come into force in the Village of Pemberton.</p> <p>The Village reserves the right to suspend or cancel a business licence where the applicant has knowingly provided false information to the Village with regard to the operation, ownership or any other aspect of the business in question.</p> <p>It is understood that the Business Licence fee is payable to the Village at the time of application. Fees for approved Business Licence applications are non-refundable.</p>							
						, 20	
<i>Name of Applicant</i>		<i>Signature of Applicant</i>		<i>Date</i>			
<small>Personal information you provide on this form is collected pursuant to section 26 of the <i>Freedom of Information and Protection of Privacy Act</i> and will only be used for the purpose of processing the business licence application. Your personal information will not be released except in accordance with the <i>Freedom of Information and Protection of Privacy Act</i>. Questions about the collection of your personal information may be referred to Sheena Fraser, Manager of Corporate & Legislative Services (sfraser@pemberton.ca or 604-894-6135).</small>							

TEMPORARY OR PORTABLE VENDOR BUSINESS LICENCE APPLICATION REQUIREMENTS

The Business Licence Fee is due upon submission of a completed Business Licence application. Fees are non-refundable once a Business Licence has been issued.

Please note that Business Licence must be renewed annually (see fee schedule below). If you are no longer conducting business within the Village boundaries, the Village must be notified in writing.

VCH PERMITTING

The following types of businesses will require Vancouver Coastal Health (VCH) approval:

- Food stores
- Food processors
- Restaurants
- Food Carts
- Pools and Hot Tubs
- Spas
- Flotation Tanks (sensory-deprivation)
- Massage
- Hair cutting
- Esthetics – including nail treatments, makeup, waxing, permanent makeup, foot baths etc.
- Body contouring – ultrasonic and microneedling
- Hair Removal
- Tattooing
- Piercing
- Animal slaughter for public sale (abattoirs)
- Temporary Food Events

For further information on health approvals, please contact VCH directly.

Checklist:

Sign Plan	
Parking Plan	
Park Use Permit (if required)	
Licence Fee (Receipt Attached)	
Proof of Insurance	
VCH Approval (if required)	

TEMPORARY OR PORTBLE VENDOR BUSINESS LICENCE FEES

Annual Business Licence Fee	\$150.00
Fire and/or Building Inspection (if applicable) Minimum Fee	\$50.00
Administrative Change Fee:	\$25.00

Late Business Licence Renewals will be subject to a 100% penalty



MUNICIPAL BUSINESS LICENCE APPLICATION – FORM E

Business Service Listing

Thank you for your Business Licence Application. One of the added benefits to your Business Licence is a listing in the Village’s online Business Directory. With our recent website upgrade, businesses can now include their logo on their listings.

Should you wish to have your logo in your listing, please email a jpeg (72 dpi) to admin@pemberton.ca

Take your time when completing this form as the information below will appear on online Business Directory **exactly** as provided.

Business Name: _____

Address: _____ Phone: _____

_____ Mobile: _____

_____ Fax: _____

Website: _____ Email: _____

CATEGORY (Circle up to four):

- Accommodations Accounting Adventure, Recreation & Tours Animal Services & Supplies
- Auto & Towing Building & Construction Childcare Cleaning Computers
- Consulting Counselling Communications & Marketing Dining Garden & Landscape
- General Contractor Health & Fitness I.T. Medical & Dental Merchants & Retail
- Real Estate & Property Management Recycling Services Storage Trade Contractor
- Other: _____

BRIEF DESCRIPTION:

The following information is for office use only and will not be included in the listing (please print):

_____, 20____
Name of Applicant *Signature of Applicant* *Date*

Position with Company: _____

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For office use only

Date Entered on Website: _____ By: _____



MUNICIPAL BUSINESS LICENCE APPLICATION – FORM F
Sign Permit Application

Business Name: _____
 Business Address: _____
 Applicant Name: _____
 Applicants Mailing Address: _____ Phone: _____
 _____ Cell: _____
 _____ Email: _____

Proposed location of sign on building: _____

Type of sign: _____ Size of sign: _____

Sign is to be: New Altered Moved Old

Please include the following with this sign application:

- a) Drawing(s) to scale for each side of the sign, giving all pertinent dimensions as well as the colour scheme, materials, copy and type face, and
- b) details of any surrounding framework; and
- c) large scale drawing(s) or photograph(s) showing the position of the sign painted on or attached to the building or structure together with the location of any existing signs; and
- d) a drawing showing details of the method and type of wiring, illumination (If any) and attachment to the building; and
- e) for freestanding signs, a drawing to scale showing the location on the parcel relative to the parcel lines, building's and adjacent streets, together with existing and proposed landscaping.

Applicant's signature: _____ Date: _____

Name of Manufacturer: _____

Mailing Address: _____ Phone: _____
 _____ Cell: _____
 _____ Email: _____

Name of Installer/Contractor: _____

Mailing Address: _____ Phone: _____
 _____ Cell: _____
 _____ Email: _____

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FOR OFFICE USE ONLY	
NOTES: _____	Fee Amount: \$ _____
Compliance Officer Signature: _____	Date: _____

