



The City of North Vancouver – Community & Partner Engagement

141 West 14th Street, North Vancouver, BC V7M 1H9

Phone: 604-983-7356 | Email: licence@cnv.org | www.cnv.org

BUSINESS LICENCE APPLICATION

APPLICATION TYPE: New Business OR Change of: Owner Location Information

*Only choose New Business if you have never had a Business Licence in CNV

PART 1: BUSINESS INFORMATION

*Current CNV Business Licence #, if applicable: BUS- _____

Legal Business name: _____
Doing business as: _____ Email: _____
Business address: _____
City: _____ Postal code: _____ Phone: _____
Mailing Address _____
(If different than Business Address)

PART 2: APPLICANT & BUSINESS OWNER INFORMATION

If the applicant is not the business owner, please complete a separate Authorization Letter for Representative form

APPLICANT

Name: _____
Address: _____ City: _____
Province: _____ Postal: _____
Day Phone: _____ Cell Phone: _____ Email: _____

BUSINESS OWNER

Name: _____
Address: _____ City: _____
Province: _____ Postal: _____
Day Phone: _____ Cell Phone: _____ Email: _____

PART 3: LICENCE DETAILS

Type of Business: Sole Proprietor Partnership LLC Corporation # _____ Other
Description of Business: _____
Has the applicant(s) ever had a licence refused, revoked, suspended or otherwise denied or terminated by this or any other Municipality? Yes No
Is this business non-profit? Yes No (Proof of non-profit is required)
Is your business located outside of the City of North Vancouver? Yes No
If your business is located in the City (CNV) please complete the following:
Are you renovating or altering the premise? Yes No
Is this a home based? Yes No
o If homebased, will you be accepting clients into your home? Yes No
o If homebased, what are the maximum number customers at one time: _____
Number of employees at this business location: _____
Is this business for office use only? Yes No
Total indoor floor area, including storage, for business use (sq m): _____
Total outside storage area for business use (sq m): _____
Are you applying for a North Shore Inter-Municipal licence? Yes No (Qualifying resident contractors only)

PART 4: BUSINESS LICENCE CATEGORY SPECIFIC DETAILS

If you are applying for any of the category numbers indicated below and on the next page, please provide the additional details requested.

Construction Contractor

2382 Electrical Contractor #: _____
2382 Field Safety Representative (FSR) Name: _____ FSR #: _____
2383 Plumbing Trade Qualification #: _____ Gas Trade Qualification #: _____

Internal Use Only

BLCTR
BLCTR

Commissary Kitchen/Food Production:

3397 Will you be adding any additional food manufacturing or cooking equipment? Yes No
If yes, please list equipment: _____

BLRFS

Entertainment and Recreation

4543 # of Amusement Machines: _____ Address where machines are located: _____ BLENR
4543 # of Arcade Machines: _____ # of Billiard Tables: _____ BLENR
7131 Location of the Amusement Park: _____ BLENR
7137 # of Bowling Lanes _____ BLENR
7138 # of operating days Itenerant Use will be operating: _____ BLENR
7138 What is the operating location of the Itinerant Use: _____ BLENR
7138 Description of Itinerant Use: _____ BLENR

Education Service

6111, 6114, 6115, 6116, 6117 Maximum # of employees and clients at one time: _____ BLEDT

Mobile Food Vendors

7221, 7222, 7223, 7224 Does your food truck, trailer or cart utilize propane as part of the cooking process? Yes No BLMFV
7221, 7222, 7223, 7224 Does your food truck, trailer or cart have an electrical system that is greater than 120 V utilizing a generator and/or shore power? Yes No BLMFV
7221, 7222, 7223, 7224 Does your food truck, trailer or cart utilize solid fuel as part of the cooking process? Yes No BLMFV
7221, 7222, 7223, 7224 Name of the event you will be operating at: _____ BLMFV
7221, 7223, 7224 Commercial General Liability Expiration Date: _____ BLMFV

If you are operating a Mobile Food Cart:

7222 Is the Mobile Food Cart operating on private or public property? Private Public # of carts: _____ BLMFV
7222 Mobile Food Cart Model: _____ Mobile Food Cart VIN #: _____ BLCTR
7222 Cart locations: _____ BLMFV

If you are operating a Mobile Food Truck or Trailer:

7223 Vehicle insurance expiration date: _____ Licence Plate #: _____ BLCTR
7223 Is this a truck or trailer: Truck Trailer VIN #: _____ BLCTR
7223 Vehicle Make: _____ Vehicle Model: _____ BLCTR

Other Accommodation and Food Service

7220, 7228 Is the restaurant/food service applying for a liquor licence? Yes No BLRFS
7210 Is the Bed and Breakfast operating on a heritage property? Yes No # of rooms: _____ BLRLP
7225 Total # of seats in the Primary Liquor Licenced Establishment: _____ BLRFS

Waste Management and Automotive Repair and Maintenance

5629, 8111 Are combustible/hazardous materials stored on site? Yes No BLIND

ATM

5270 # of ATM machines: _____ BLFIN

Coin-Operated Laundry and Dry Cleaning

8123 # of machines: _____ BLRSR

Commercial Parking Lot

8129 # of parking stalls: _____ Location of the parking lot: _____ BLRSR

Building Rental - Residential

5311 # of suites: _____ BLRLP

Rooming and Boarding House

7213 # of rooms: _____ BLRLP

Vending Machine Operator

4542 # of vending machines: _____ BLOFF

Retail Mobile Cart

4544 Location of the cart: _____ BLRSL
4544 Does your cart/kiosk utilize propane? Yes No BLSL
4544 Does your cart/kiosk have an electrical system that is greater than 120V utilizing a generator and/or shore power? Yes No BLSL
4544 Does your cart/kiosk utilize solid fuel? Yes No BLSL

Publication Boxes

4545 # of boxes: _____ BLRSR
4545 Location of each box: _____ BLRSR

Farmer Market

4547 Operating location: _____ BLRSL

Vehicle for Hire

4859 # of vehicles: _____ BLOFF

I/We the undersigned confirm as the business owner(s)/agent for the owner(s) that the above noted information is correct and agree to comply with ALL relevant provisions of the Business Licence Bylaw, 2018 No. 8640 and other applicable City Bylaws. Failure to meet these obligations may result in the business licence being suspended, fined or reported to City Council for possible revocation.

Owner Signature

Authorized Agent Signature

Date

FOR OFFICE USE ONLY

BL TYPE: _____

BL CAT: _____

BL # _____

The City is collecting your personal information in accordance with Section 26(c) of the Freedom of Information and Protection of Privacy Act (the Act). The City collects your information for the purposes of administering City programs and services, including permits and licensing services. Information identifying the business, including the business name, business owner(s) name, business address and business telephone and email is public information. Information identifying the applicant name, address, telephone and email are protected under the Act. If you have any questions, please contact the Privacy Coordinator at 141 West 14th Street, North Vancouver, BC V7M 1H9 or FOIPrivacy@cnv.org.



Business License Application Accessory Home Office Use Confirmation of Compliance

This form is to be used with Business License applications for an Accessory Home Office. An Accessory Home Office Use is defined as: “An Accessory Home Occupation Use Limited to a resident who practices a profession or conducts a business that does not include any manufacturing, producing, assembling or servicing of goods or things nor the operation of any machines other than standard office equipment.”

CONDITIONS FOR ACCESSORY HOME OFFICES

1. The operator of the Home Office must reside at the address for which they are applying.
2. Shall not involve the sale at retail or wholesale or commercial repair, manufacture, or handling of Weapons or Explosives.
3. Shall be completely Enclosed within the residential Dwelling Unit or Accessory Building to which it is Accessory provided that no required Off-Street Parking Spaces are used.
4. Shall not involve the sale of goods on the Premises.
5. Together shall not occupy more than 20% of the Gross Floor Area of the residential Dwelling Unit, and in any event shall not exceed 46.45 square metres (500 square feet).
6. Except for one name-plate of less than 0.1 square metre (1 square foot) in area, shall in no way indicate from the exterior that the Premises are being so Used.
7. Shall not discharge or emit:
 - (i) odorous, toxic or noxious matter or vapours;
 - (ii) heat, glare or radiation;
 - (iii) recurrently generated ground vibration;
 - (iv) any noise that can be heard at the property line, or any other noise restricted by the Noise Control Bylaw No. 5819

DECLARATION

Declaration must be completed by the CNV resident who will be operating the Accessory Home Office

Business Owner Name: _____

Home Office Business Name: _____

Home Office Business Address: _____

My business complies with the definition of Accessory Home Office Use: _____
(Initial)

I understand and agree to comply with the above conditions: _____
(Initial)