



Corporation of the Village of McBride
 100 Robson Centre - 855 SW Frontage Road
 PO Box 519, McBride, B.C. V0J 2E0
 Phone: 250-569-2229 Fax: 250-569-3276

Business License Application 2023

APPLICATION FOR (CHECK ALL THAT APPLY):			
<input type="checkbox"/> License Renewal <input type="checkbox"/> New Application <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Updated Contact or other Info			
Business Name:			
Type of Business:			
Business Location Address:			
Business Phone:		Business Fax:	
Website Address:			
Social Media:		Business Email:	

I give my permission for my business (and above business information) to be listed by the Village of McBride in a promotional business directory online at www.mcbride.ca. The business directory is currently under development.

Yes No

Signature of Applicant: _____ **Date:** _____

Applicant Info	Applicant Name(s):			
	Mailing Address:	Town:	Postal Code:	
	Contact Phone:	Fax:		
	Email:			
Property Info	Property Zoning:	Principal Use: (i.e. retail, storage, restaurant)		
	Business Licence Bylaw Category and Fee: (please check one) For more information see Business License Bylaw No. 752, 2014 at https://www.mcbride.ca/village-office/bylaws-policies			
	<input type="checkbox"/> Commercial - \$100	<input type="checkbox"/> Farmers Market - \$100	<input type="checkbox"/> General Contractor - \$100	<input type="checkbox"/> Home Business - \$50
	<input type="checkbox"/> Mobile Vendor - \$100	<input type="checkbox"/> One-Time-Only Mobile Vender (per event) - \$25	<input type="checkbox"/> Carnival - \$250	<input type="checkbox"/> Commercial Landlord - \$100
	Health Permit obtained from Northern Health? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Provincial Registration? Yes <input type="checkbox"/> No <input type="checkbox"/>	

I/We _____ the undersigned, hereby make applications for a business licence in accordance with the particulars as above stated and declare the above statement to be true and correct. I/We further declare that if I/We are granted the licence applied for **I/We will comply with the provisions of this bylaw and all other laws and/or regulations now in force or which may hereinafter come into force in the Village of McBride.**

⊗ _____ ⊗ _____

Signed this _____ day of _____, 20__

Return this completed form along with payment (cheque, cash, debit) to:

Village of McBride
100 Robson Centre, 855 SW Frontage Rd.
PO Box 519
McBride, BC
V0J 2E0

Forms can be emailed to: mcbride@mcbride.ca

FOR OFFICE USE ONLY	
Date Received: _____	Zoning Confirmed and Approved: _____ Initial
Staff Signature: _____	Date of Approved: _____
Business License No. _____	Folio: _____