

New Business Licence Application Form

171 Main St. | Penticton B.C. | V2A 5A9 <u>www.penticton.ca</u> | P: (250)490-2488 E: <u>businesslicences@penticton.ca</u>

penticton.ca

| Please provide clear, legible and precise information. Zoning specifies the regulations and permitted uses for properties within those designations. Complete Sections 1-8 and any additional applicable sections and sign on reverse. January 2025 | | | | | | | | | | | | |
|---|-------------------------------|-------------|----------------------------|--|-----------------------|---|--|--|--|--|--|--|
| Legal Name Of Business: | Incorporate No: | | | | | | | | | | | |
| Business Operating Name: (Or Short Term Rental Name) | Business Start Date: | | | | | | | | | | | |
| Business Address(Physical Location): | | | | | | | | | | | | |
| City: | | | Prov: | | | Postal Code: | | | | | | |
| 1. Choose Licence Type – Check Type and Intercommunity, if applicable Fees: See Fees and Charges Bylaw 2014- | | | | | | | | | | | | |
| Annual Licences | _ | | | New Application Fee = \$31.00* Major STR Application Fee = \$285.00* | | | | | | | | |
| ☐ Commercial Location ☐ | | | ☐ Home Occupation | | | *Application fees are non-refundable - will be credited towards final licence fee. • Annual Fee is \$205.00. See Reverse for Short Term Rental Licence Fees. | | | | | | |
| ☐ Location outside of Penticton limits (Non Resident) | | | ☐ Short Term Rental (STR)* | | | | | | | | | |
| ☐ Rental Property (Secondary Suite /Carriage House/Apartment) | | | ☐ Bed and Breakfast | | | | | | | | | |
| Temporary Licence for Contractors, Seasonal Operations, Beach/Street Vending, or Special Events | | | | | | | | | | | | |
| ☐ Seasonal – 6 month ☐ Seasonal – 1 month | | | ☐ Special Event | | | \$120/ 6 month or \$46/ 1 month/Event | | | | | | |
| Addition to City of Penticton Licence: | | | | | | | | | | | | |
| ☐ Intercommunity business licence (if you also work | in oth | er Okana | agan areas) \$150/year | | | + \$205.00 Penticton licence fee | | | | | | |
| 2. Business Information | | | | | | | | | | | | |
| Mailing Address: City: | | | Prov: | | : | Postal Code: | | | | | | |
| Business Phone: | isiness Phone: Business Cell: | | | | | | | | | | | |
| Business Email: Website: | | | | | | | | | | | | |
| Business description: | | | | | | | | | | | | |
| Online E-Directory Listing – \square Yes \square No (Mandat | | | | | | | | | | | | |
| Your business name, phone number, description & website listed | l on our l | E-Directory | y at <u>https://www.p</u> | <u>entictor</u> | <u>n.ca/EN/main/b</u> | <u>usiness/edirectory.html</u> | | | | | | |
| 3. Owner Information | | L = 11 | - 1 1 | | | | | | | | | |
| Name: | E-mail address: | | | | C II | | | | | | | |
| Market Address | | Phone: | | D | | Cell: | | | | | | |
| Mailing Address: | City: | | | Prov | : | Postal Code: | | | | | | |
| Owner Information (for multiple owners) | | | | | | | | | | | | |
| Name: | | | E-mail address: | | | | | | | | | |
| | | Phone: | | | | Cell: | | | | | | |
| Mailing Address: | City: | | | Prov: | | Postal Code: | | | | | | |
| 4. Emergency Contact/Out of Office – The City | would us | e these to | provide timely info | rmation a | about urgent sei | rvice disruptions or evacuations. | | | | | | |
| Name: | | | Phone #: | | | | | | | | | |
| E-mail address: | | | Cell #: | | | | | | | | | |
| 5. Data Collection | | | | | | | | | | | | |
| # of Penticton employees: Full Time Part-Ti | | Seasonal | | Do you expa | nd seasonally? | | | | | | | |
| Where are your customers? □ Local □ Regional | | | ☐ Provincial | | ☐ National | ☐ International | | | | | | |

| 6. Permits | | | | | | | | | | | |
|---|---|---|--|---|---|---|---|--|--|--|--|
| Will you be doing any renovations to the building? Yes No If you answered yes, you may require a Building Permit For public safety, signs mounted to the building exterior require professional installation and permits. Are you adding a new sign? | | | | | | | | | | | |
| ☐ Yes ☐ No If you answered yes, you may require a Sign Permit Please Note: Interior Health approval will be required for business' operating as daycares, food retail, or personal services (i.e. tattoo shops, tanning salons, hair salons, therapists, etc.) | | | | | | | | | | | |
| 7. Permissions | | | | | | | | | | | |
| CASL & Electronic City Communications – I understand that from time to time my The Chamber of Commerce – If you would like the Chamber to connect with you | | | | | | | | | | | |
| organization may receive informational email messages related to doing business in the about membership, please let us know. | | | | | | | | | | | |
| City of Penticton. | | | | | | | | | | | |
| □ I agree □ I would no | □ Share my | my info with the Chamber | | | | | | | | | |
| 8. Further Business information | | | | | | | | | | | |
| Please describe your products, particularly the most popular. What do you do or sell? | | | | | | | | | | | |
| NAICS code (leave blank if unkno | | | The North An | merican Industry Cl | assificatio | on System (NAICS) is t | he standard used by Fede | eral statistical agencies | | | |
| in classifying business establishments for the purpose of collection, analyzing and publishing statistical data. | | | | | | | | | | | |
| Complete the following for Business Type, if Applicable For Trades (Trade Qualification Number): | | | | | | | | | | | |
| Plumbing #: | Jii italiibei). | | | | | Fire Su | ppression #: | | | | |
| Gas #: Electri | | | | | | | · · | | | | |
| | /* DOD/ | 1 9. | | | DV/ · · | | | | | | |
| For Rental Accommodations | | condary suite | es, apartme | ent buildings, | , RV pa | rks and Campg | rounas): | | | | |
| Number of Bedrooms, Units or Ca | | | | | | | | | | | |
| For Short Term Rentals (STR) Non-refundable application fee required – Complete type and details: | | | | | | | | | | | |
| ☐ Minor Short-Term Rentals (S | ΓR) – | ☐ Major Sh | | | ort-Term Rental: | - | | | | | |
| Annual Fee \$270.00 | | Annual Fee \$540.00 Cccupa | | | | | nt – Annual Fee \$ | 810.00 | | | |
| This would involve the rental of room(s), suite or carriage home | egal secondary | Т | hese would | involve the re | ntal of a | any dwelling uni | or single family dw | elling | | | |
| Meets the following conditions: | during guest on would be | 90 renta • Maximu be two | rm rental ope al days within ım rental acco | eration of more t a year, ommodation wo er bedroom with | term rental. ould This would require additional staff review time and pu | | | ew time and public puring properties. | | | |
| Number of Bedrooms: | | | | Are vo | u the p | roperty owner | ? □ Yes | □ No | | | |
| Number of Guests: | | ls this your primary residence? ☐ Yes ☐ No | | | | | | | | | |
| Permit Contact Phone Number: | | Contact information will be posted on e-directory for nuisance and emergency situations | | | | | | | | | |
| For Home Occupations (exclu | uding STR): | | | | | | | | | | |
| Total Sq ft of residence: | | | $\neg \neg$ | Sq ft of busir | ness ar | ea: | | | | | |
| How many non-resident employe | ees will you ha | ave? | | | | | | | | | |
| Acknowledgement | | | | | | | | | | | |
| I hereby make application for a licence in I undertake to comply with all present at approval of the licence and I cannot communder the authority of the Freedom of Infiby authorized staff to fulfill the purpose for disclosure of personal information, ple | nd future Bylaws mence business u ormation and Pro or which it was o | of the City of Pe intil such a time a tection of Privac riginally collecte | enticton. I als as a business l y Act (FOIPPA d, or for a use | so understand, p licence has been a) and is protecte e consistent with | oayment n approved in acco n that pu | of the business liced and issued. Information | ence fee in advance or ormation collected on PA. Personal information | does not guarantee this form is done so on will only be used | | | |
| Date: Name: Signature: | | | | | | | | | | | |
| Business Licence Submission (O | ffice Use Onl | y) | | | | | | | | | |
| Screened by: | Date: | | BL#: | | | | □ Zoning | □IHA | | | |
| Comments: | | | | | | | | ☐ Fire | | | |