



Business Licence Information Change Form

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

penticton.ca

Please provide clear, legible and precise information. Zoning specifies the regulations and permitted uses for properties within those designations. Please complete sections 1-5 and any application sections on reverse including signature. January 2025

Business Operating Name: _____ **Business Licence #:** _____

Existing Business Address(Physical Location of Current Licence): _____

Effective date of Change: _____

Does the Business also hold an Inter-Community business licence (ICBL)? Yes No Add ICBL # _____

1. Please select information that you are changing:

- | | | |
|--|---|---|
| <input type="checkbox"/> Ownership | <input type="checkbox"/> Business Location (\$121.00) | <input type="checkbox"/> Business Name |
| <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Description of Business (or change STR Type) |

2. What Type of Business - Please Check All that Apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Location outside of Penticton limits |
| <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Short Term Vacation Rental | <input type="checkbox"/> Rental Property – Secondary Suite or Apartment Building |

3. Business Information:

New Business Operating Name: _____

New Business Address (Physical Location): _____

Mailing Address (if different): _____	Province: _____	Postal Code: _____
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Business Phone: _____ **Business Cell:** _____

Business Email: _____ **Website:** _____

Updated Description of Business:

Online E-Directory Listing – Yes No (Mandatory for Short-Term Rentals)
Your business name, phone number, description & website listed on our E-Directory at <https://www.penticton.ca/EN/main/business/edirectory.html>

4. Owner Information:

Name: _____	E-mail address: _____		
	Phone: _____	Cell: _____	

Mailing Address: _____	Province: _____	Postal code: _____
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4a. Owner Information (for multiple owners)

Name: _____	E-mail address: _____		
	Phone: _____	Cell: _____	

Mailing Address: _____	Province: _____	Postal code: _____
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5. Emergency Contact/Out of Office – Emergency contacts are very important. The City would use these to provide timely information about urgent service disruptions or evacuations. Make sure the numbers you provide are best for our of hours contact.

Name: _____	Phone: _____
E-mail address: _____	Cell: _____

6. For Trades (Trade Qualification Number)

Plumbing #:	Fire Suppression #:
Gas #:	Electrical #:

7. For Rental Accommodations (inc. B&B's, secondary suites, apartment buildings, RV parks and Campgrounds)

Number of Bedrooms or Units: _____

8. For Short Term Rentals (STR) – Complete new type and details – Note: additional fees may apply.

<input type="checkbox"/> Minor Short Term Rentals (STR)	<input type="checkbox"/> Major Short Term Rentals (STR)	<input type="checkbox"/> Major Short Term Rentals – High Occupant
This would involve the rental of room(s), legal secondary suite or carriage home	These would involve the rental of any dwelling unit or single family dwelling	
Meets the following conditions: <ul style="list-style-type: none"> • short term rental operation of less than 30 rental days within a year, • the owner is a principal resident during guest use, and • Maximum rental accommodation would be two (2) persons per bedroom with a maximum of six (6) guests. 	Meets the following conditions: <ul style="list-style-type: none"> • short term rental operation of more than 30 rental days within a year, • Operator will not be present during guest use. • Maximum rental accommodation would be two (2) persons per bedroom with a maximum of six (6) guests. 	Meets the following conditions: <ul style="list-style-type: none"> • more than six (6) guests for a minor or major short term rental. This would require additional staff review time and public consultation with the adjacent neighbouring properties. Additional fees are applicable for the Major STR type.
Number of Bedrooms: _____	Are you the property owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Guests: _____	Owner lives onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permit Contact Phone Number: _____	Contact information will be posted on e-directory for nuisance and emergency situations	

9. For Home Occupations (excluding STR)

Total Sq ft of residence: _____	Sq ft of business area: _____
How many non-resident employees will you have? _____	

10. For Commercial Locations - Permits

1. Will you be doing any renovations to the building?
 Yes **No** If you answered yes, you may require a Building Permit

2. 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, etc).

Acknowledgement

I hereby make application for a licence in accordance with the particulars as stated in this application, and declare the information in the application to be true and correct. I undertake to comply with all present and future Bylaws of the City of Penticton. I also understand, payment of the business licence fee in advance does not guarantee approval of the licence and I cannot commence business until such a time as a business licence has been approved and issued. Information collected on this form is done so under the authority of the Freedom of Information and Protection of Privacy Act (FOIPPA) and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. For further information regarding the collection, use, or disclosure of personal information, please contact the Corporate Services Department at 250-490-2400.

Date: _____ **Name:** _____ **Signature:** _____

Business Licence Submission (Office Use Only)

Screened by: _____	Date: _____	Confirmed:
Comments: _____		<input type="checkbox"/> Zoning <input type="checkbox"/> IHA <input type="checkbox"/> Building <input type="checkbox"/> Fire