



## CARE CENTRE BUSINESS LICENCE APPLICATION

**LICENCE TYPE:** Commercial ☐ Residential- Entire home ☐ Secondary Suite ☐ Non-profit ☐

**IS THIS APPLICATION:** New ☐ Address Change ☐ Change of Owner ☐

If Non-Profit, please provide Non-Profit number: \_\_\_\_\_

### BUSINESS INFORMATION *(complete all fields)*

**BUSINESS NAME:** \_\_\_\_\_ **TRADE NAME:** *(doing business as)* \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** *(if different from business address)* \_\_\_\_\_

**BUSINESS EMAIL:** \_\_\_\_\_ **BUSINESS PHONE NO.:** \_\_\_\_\_

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### LIST ALL OWNERS *(if required, please provide additional owners on a separate sheet)*

<b>Name:</b>	<b>Email:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Email:</b>	<b>Phone:</b>

### CHILDCARE DIRECTOR(S) *(If residential, must reside at the property and provide proof of residence)*

<b>Name:</b>	<b>Email:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Email:</b>	<b>Phone:</b>

**Business start date:** \_\_\_\_\_

**Provide a brief description of the care and/or services being provided:**

### RESIDENTIAL *(complete all fields)*

What is the total floor area dedicated to the business?	
How many off-street parking spaces are available?	
Do you rent or lease this property? (If so, a home-owner authorization or lease agreement is required)	Y <input type="checkbox"/> N <input type="checkbox"/>
How many persons are in care?	
Is staff providing medication to persons in care?	Y <input type="checkbox"/> N <input type="checkbox"/>

### COMMERCIAL *(complete all fields)*

Are interior alterations or renovations planned?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are plumbing fixtures being added and/or modified?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes to either of the above questions, have you applied for a building permit?	Y <input type="checkbox"/> N <input type="checkbox"/>
How many persons are in care?	
Is staff providing medication to persons in care?	Y <input type="checkbox"/> N <input type="checkbox"/>

**ECONOMIC DEVELOPMENT SURVEY - Please complete****OWNERSHIP STRUCTURE : (check one)**

- ☐ 1. Proprietorship (single owner, not incorporated)  
☐ 2. Partnership (multiple owners, not incorporated)  
☐ 3. Limited company (incorporated)  
☐ 4. Other: \_\_\_\_\_

**TYPE OF BUSINESS: (check one)**

- ☐ Locally owned and operated (independent)  
☐ Franchise  
☐ Branch (head office outside Nanaimo)  
☐ Other: \_\_\_\_\_  
☐ Business not located in Nanaimo

**PRINCIPAL MARKETS:**

**What are the current principal markets for your products/services? (check all that apply)**

- ☐ Local -- Nanaimo area  
☐ Regional -- Vancouver Island  
☐ Provincial  
☐ National  
☐ International

**Including owners, how many people are employed?** \_\_\_\_\_

**What year was the business established in Nanaimo?** \_\_\_\_\_

**APPLICANT'S ACKNOWLEDGEMENT AND DECLARATION – Complete Number 1 or 2 as applicable. All applicants must complete Number 3.**

- 1. RESIDENTIAL CARE CENTRE** - I/We hereby declare that the director, as identified on this application, will be residing full-time at the care centre and that should this change in the future, the Business Licensing section will be notified in writing. It is also understood that any renovations requiring a building permit will not be undertaken until the building permit is issued.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- 2. COMMERCIAL CARE CENTRE** - In making application for a business licence, it is understood that any alterations or renovations to the commercial space cannot be undertaken without first obtaining a building permit and that if a building permit is required, that the business licence application **will not** be processed until the building permit is successfully completed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- 3.** I/We, \_\_\_\_\_ hereby make application for a business licence in accordance with the particulars as stated on this application and declare that the information on the application to be true and correct. I also declare that I have read the Business Licence Bylaw and the Zoning Bylaw and undertake to comply with all bylaws of the City of Nanaimo and all other laws now in force or which may hereafter come into force. I also understand that business cannot commence until the licence has been issued.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Business licence information provided on this application will be made available for public viewing on the City of Nanaimo's website, Business Licence Search. If, for reasons of confidentiality or privacy, you would like this not to be displayed, please advise.

**Submit application in person at the Service and Resource Centre, 411 Dunsmuir Street, Nanaimo, BC or by mail at 455 Wallace Street, Nanaimo, BC V9R 5J6, email to [business.licence@nanaimo.ca](mailto:business.licence@nanaimo.ca).**

**If you have any questions, please feel free to contact us at 250-755-4482 or [business.licence@nanaimo.ca](mailto:business.licence@nanaimo.ca).**

APPROVAL DATE

BUSINESS LICENCE INSPECTOR