

COMMERCIAL PROPERTY RENTAL

BUSINESS LICENCE APPLICATION

IS THIS APPLICATION: New Address Change Chang	ge of Owner	
BUSINESS INFORMATION (complete all fields)		
COMMERCIAL PROPERTY ADDRESS:		
MAILING ADDRESS:		
OWNER NAME(S):		
BUSINESS NAME (if applicable):		
BUSINESS EMAIL: BUSIN	IESS PHONE NO.:	
OWNER EMAIL.: OWNE	R PHONE NO.:	
DESCRIPTION (please select one):		
Apartment building	Commercial lease	
Residential revenue property	Shopping centre	
Please provide the total number of rental units		
APPLICANT'S ACKNOWLEDGEMENT		
I hereby make application for a licence in accordance with the particulars as stated in this application and declare that the information in the application to be true and correct. I undertake to supply the Licence Inspector all documents, paper or certificates both requested by this office or required by federal, provincial or local government acts and regulations. I 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		
Signature:	Date:	
Personal information provided on this form is collected under the authority of the <i>Community Charter, Freedom of Information and</i> <i>Protection of Privacy Act</i> and the <i>Business Licence Bylaw.</i> Your business name, address, telephone number, email and website address may be released in accordance with the <i>Freedom of Information and Protection of Privacy Act.</i> Questions about the collection or release of your personal information may be referred to the Freedom of Information Coordinator, City Hall, 455 Wallace Street, V9R 5J6, at 250-755-4405.		
BUSINESS OFFICE: Service and Resource Centre, 411 Dunsmuir Street, Nanaimo, BC MAILING ADDRESS: City of Nanaimo, Business Licence Section, 455 Wallace Street, Nanaimo, BC V9R 5J6 Telephone: 250-755-4482		

E-mail: <u>business.licence@nanaimo.ca</u>

APPROVAL DATE	BUSINESS LICENCE INSPECTOR