

BUSINESS LICENSE REVISION

The City of Nelson is collecting your personal information in accordance with Section 26 of the Freedom of Information and Protection of Privacy Act. The City of Nelson collects your information for the purposes of administering City of Nelson programs and services, including permits and licensing services. If you have any questions, please contact the Privacy Head at 310 Ward Street, Nelson, BC V1L 5S4 or FOI@nelson.ca or 250-352-8234.

Name of business: _____ Business License #: _____
 Name of applicant: _____
 Email address: _____ Phone number: _____

APPLICATION FOR:

☐ **new BUSINESS NAME**

New business name: _____
 Previous business name: _____

☐ **new OWNER**

New owner: _____
 Previous owner: _____
 New mailing address: _____

☐ **new PHYSICAL ADDRESS**

New address: _____
 Previous address: _____
 Mailing address if different from physical address: _____

Business Location changes require a \$15.00 charge and are subject to a site inspection.

*** Please note for new ownership and/or location additional requirements may apply. The information above may be shared with applicable authorities such as Interior Health.**

I/We _____ hereby make application for a license in accordance with the particulars as above stated and I declare the above statements are true and correct, and I undertake that if I am granted the license applied for, I will comply with each and every obligation contained in all laws and bylaws now in force or which may hereafter come into force in the City of Nelson.

NOTICE: This Business License Revision Application and fee payment does not constitute a valid business license. A business license will be issued after all bylaw requirements have been completed. **Any new or updated signage, including sandwich boards, requires a sign permit application at the Development Services office.**

DATE: _____ SIGNATURE: _____
 Owner (or Signing Officer)

OFFICE USE ONLY

Account #: _____ \$15 fee for Business Location change: PAYMENT STAMP	For Business Location change: Zoning: _____ Permitted use: Yes / No / NA Site Inspection passed: Yes / No / NA Health Inspection provided: Yes / No / NA Owner authorization provided: Yes / No / NA Comments: _____	APPROVAL: _____ Business License Inspector Date: _____
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