

TOWN OF OLIVER

6150 Main Street
 Box 638
 Oliver, BC V0H 1T0
 250-485-6200
 admin@oliver.ca
 www.oliver.ca



Check off all that apply:

- NEW Business License
 Inter-Community Business License
 Change to Existing Business License

Business License Application									
Business Name									
Brief Description of Business *						Trade Certificate if applicable			
Physical Business Address									
City			Province			Postal Code			
Phone			E-mail Address						
Cell		Non-Resident Business			YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Business Type: <input type="checkbox"/> Commercial Business (storefront) <input type="checkbox"/> Industrial (trade) <input type="checkbox"/> Home Based Business <input type="checkbox"/> Professional <input type="checkbox"/> Seasonal									
Mailing Address									
City			Province			Postal Code			
Owner(s) Information		Name		Email		Phone/Cell			
		Name		Email		Phone/Cell			
BUSINESS LICENSE CHANGE									
Change of Address		From			To				
Change of Location		From			To				
DECLARATION									
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 Town of Oliver.									
Notice: This business license and fee payment does not constitute a valid business license. A business license will be issued after all bylaw Requirements have been completed. We may supply other agencies with the above information. *Anyone wishing to pursue a non-medical cannabis business will need to ensure they adhere to the regulations within zoning bylaws as well as applicable regulations.									
Date		Owner Signature							
OFFICE USE ONLY									
Fee	\$		License Number			Classification			
Building Inspector Approval Received			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Change Approved		YES <input type="checkbox"/> NO <input type="checkbox"/>
Health Inspector Approval Received			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Change Fee		\$
License Approved			YES <input type="checkbox"/>		NO <input type="checkbox"/>		LCRB Approved		YES <input type="checkbox"/> NO <input type="checkbox"/>
COMMENTS									