



**Development Services**  
 424 3<sup>rd</sup> Avenue West, Prince Rupert, BC V8J 1L7  
**Phone:** (250) 627-0950  
**Fax:** (250) 627-0979  
**Email:** [customer.service@princerupert.ca](mailto:customer.service@princerupert.ca)

**APPLICATION TO OBTAIN A TRADE OR BUSINESS LICENCE**

BYLAW NO. 3432, 2024

OFFICE USE ONLY

Date:		Trade Licence No.:		Voucher No.:	
-------	--	--------------------	--	--------------	--

**APPLICANT:**

Contact Name:					
Home Address:				Postal Code:	
Phone #:		Email:			

**I hereby make application for a Trade Licence to carry on a business in the City of Prince Rupert.**

Business Name:					
Business Address: (if different from Home Address)				Postal Code:	
Mailing Address: (if different from Business Address)				Postal Code:	
Business Phone:		Business Email:			

***If Registered, please list the Name of the Company. If not registered, please list the Names of all Owners.***

Registered Name of Company or Owners:					
Business Location:					

**Please only complete what is applicable to your business:**

Goods being sold / Service being provided					
Describe in detail the nature of your business and the intended use of the premise; both primary and secondary uses:					
Size of premises:		Number of Vehicles:		Number of Employees:	
Seating capacity:		Liquor Licence:	<input type="checkbox"/> Y	<input type="checkbox"/> N	

**Any signage promoting your business requires a [Development Permit](#) Application to the Planning Department and a [Building Permit](#) is required to install a sign. Enquire at City Hall before erecting a sign, exchanging an old sign for a new one, or constructing a new sign on your property.**

**This [Application Guide](#) provides valuable information for Development related requirements.** 

<b>Consent and Confirmation:</b>					
<input type="checkbox"/>	Please renew and send an invoice for January 1 <sup>st</sup>		<input type="checkbox"/>	Do NOT automatically renew – this is only a temporary licence for business ending by December 31 <sup>st</sup>	
<input type="checkbox"/>	I consent to the sharing of business contact information on this application				
<input type="checkbox"/>	I <u>do not</u> consent to the sharing of business contact information on this application				
<p>The undersigned certifies that the above information is true and that they the owner or duly authorized agent for the above real Property.</p> <p>By typing my name below, I agree that this form of electronic signature has the same legal force and effect as a manual signature.</p>					
Signature of the applicant:			Date:		
<b>OFFICE USE ONLY</b>					
Approved by:					
Business Classification:					
Fee Code:		Annual Fee:		Roll No.:	
Service from Residence:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Zoning:		
Are any of the following inspections / approvals required?					
<input type="checkbox"/>	Building Inspector			Date Received:	
<input type="checkbox"/>	Fire Department			Date Received:	
<input type="checkbox"/>	Environmental Health Inspector Northern Health Authority			Date Received:	