



**Village of McBride**

100 Robson Centre - 855 SW Frontage Road  
PO Box 519, McBride, B.C. V0J 2E0  
Phone: 250-569-2229

**Business License  
Application**

Firm/Business Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contact Info	Contact Name(s): _____		
	Mailing Address: _____	City: _____	Postal Code: _____
	Contact Phone: _____	Fax: _____	
	Email: _____		

Property Info	Property Zoning: _____	Principal Use: (i.e. retail, storage, restaurant)		
	Business Licence Bylaw Category: (please check one)			
	Commercial <input type="checkbox"/>	Farmers Market <input type="checkbox"/>	General Contractor <input type="checkbox"/>	Home Business <input type="checkbox"/>
	Carnival <input type="checkbox"/>	Mobile Vendor <input type="checkbox"/>	Other <input type="checkbox"/> Please explain: _____	
	Health Permit obtained from Northern Health? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Provincial Registration? Yes <input type="checkbox"/> No <input type="checkbox"/>	

I/We \_\_\_\_\_ the undersigned, hereby make applications for application for a business licence in accordance with the particulars as above stated and declare the above statement to be true and correct. I/We further declare that if I/We are granted the licence applied for I/We will comply with the provisions of this bylaw and all other laws and/or regulations now in force or which may hereinafter come into force in the Village of McBride.

\_\_\_\_\_  \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

FOR OFFICE USE ONLY	
Date Received: _____	Zoning Confirmed and Approved: _____ Initial
Signature: _____	Date of Approved: _____