



**Section 1: Business Contact Information**

Business Name:

Business Owner's Name(s):

Business Owner's Physical Address (include unit #):

City:

Province:

Postal Code:

Mailing Address (if different from above):

City:

Province:

Postal Code:

Business Phone:

Business Email:

Emergency Phone:

**FOR RESIDENTS OF WEST KELOWNA PLEASE COMPLETE THE FOLLOWING:**

What part of the home is the business located? (Identify rooms, garage, etc.)

Number of square feet utilized for your business:

Do you reside at the principal dwelling? If no, please explain.

Where will you be parking/storing the mobile food truck?

**Section 2: Business Information**

Please describe business activities:

Anticipated opening date:

List the locations you plan to operate at:

### Section 3: Required Documentation

The following documents are required at the time of application:

- Proof of Liability Insurance in the amount of 2 million dollars naming the City of West Kelowna as an additional insured.
- Proof of Interior Health Approval.

A mandatory inspection by West Kelowna Fire Rescue is required for all Food Truck businesses prior to receiving your business licence. It is the responsibility of the applicant to arrange for the required inspections by calling the department directly at 778-797-3200.

### Section 4: Business Licence Fee

#### Municipal Business Licence Fee

Tier 2 Full year: Jan 1-Dec 31, \$135  After Apr 1: \$101.25  After July 1: \$67.50  After Oct 1: \$37.50

**\*Please note: Intercommunity Business Licences are not available for food trucks**

**This form is an application only. Business operation is not permitted until this application has been approved by a Business Licensing Officer. Application processing time can take 2—6 weeks.**

### Section 4: Signature

- I understand that the granting of a business licence is dependent on being in compliance with the Bylaws of the City of West Kelowna and that the proposed business would not be carried out in contravention of the *Criminal Code* or the *Controlled Drugs and Substances Act*.
- I undertake, if granted the licence applied for, to comply with each and every obligation contained in the Bylaws now in force or which hereafter come into force in the City of West Kelowna.
- I understand that licenses are automatically renewed and applicable fees are charged. Should I choose to no longer operate this business, it is my responsibility to advise the City of West Kelowna, in writing, to cancel the business licence prior to December 31.
- I will provide written notification to the City of West Kelowna of any name, address, or ownership changes

Dated: \_\_\_\_\_

Signed \_\_\_\_\_

The personal information on this form is collected under the authority of the Local Government Act/ Community Charter for the purposes of processing this application, and is subject to the Freedom of Information and Protection of Privacy Act. Any questions regarding this collection should be directed to the Legislative Services Department, City of West Kelowna: 778-797-2250.

#### Office Use Only

Business Licence Number: \_\_\_\_\_

Referrals	Referral Date	Comments
Fire Dept.		
Interior Health		

#### Business Licensing Officer

Approved: Yes  No

Date: \_\_\_\_\_

Signature: \_\_\_\_\_