



Section 1: Business Contact Information

Business Name:

Business Physical Address (include unit #):

Mailing Address:

City: Province: Postal Code:

| | |
|------------------|-----------------|
| Business Phone: | Business Email: |
| Emergency Phone: | |

Business Owner’s Name(s):

Business Owner’s Address (If different from mailing address above):

City: Province: Postal Code:

Business Owner’s Phone: Business Owner’s Email:

Section 2: Business Information

Please describe business activities .

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

Size in Square feet of your office and any space used for your business.

| | |
|--|--|
| Do you reside in the principal dwelling? If no please explain. | Will customers be coming to the residence? |
|--|--|

Anticipated opening date:

What location do you plan on operating your Mobile Restaurant business from when open to the public?

Section 4: Business Licence Fees

Municipal Business Licence Fee

TIER 2 Full year: Jan 1-Dec 31, \$135 After April 1: \$101.25 After July 1: \$67.50 After October 1: \$33.75

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.

A mandatory inspection by the Fire Department is required for all Mobile Restaurant 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.

City of West Kelowna Fire Department: 778-797-3200

The following documents are required at time of application:

- Proof of Liability insurance in the amount of 2 million dollars in the City of West Kelowna’s name.
- Proof of Interior Health Approval.

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.

Signed: _____

Dated: _____

| OFFICE USE ONLY | | |
|---------------------------------|-----------------------|------------------|
| Business Licence Number: | | |
| Referrals: | Referral Date: | Comments: |
| Fire Dept. | | |
| Interior Health | | |

| BUSINESS LICENSING OFFICER | |
|--|-----------------------------------|
| Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: _____ Signature: _____ |

CITY OF WEST KELOWNA
 Development Services—Business Licensing
 2760 Cameron Road, West Kelowna, BC, V1Z 2T6
 Phone: 778-797-8810, Fax 778-797-1001