



CITY OF WEST KELOWNA  
 Development Services – Business Licensing  
 2760 Cameron Road, West Kelowna, B.C. V1Z 2T6  
 Phone: 778-797-8811

*Short Term Resort  
 Accommodation*  
**BUSINESS LICENCE  
 APPLICATION**

**Section 1: Business Contact Information**

Business Name:

Business Owner’s Name(s):

Location of Short Term Resort Accommodation (include unit #):

City:

Province:

Postal Code:

Mailing Address (if different from above):

City:

Province:

Postal Code:

Business Phone:

Business Email:

Emergency Phone:

**Section 2: Short Term Resort Accommodation Information**

Zone Code:  C6  CD 2  CD 7

Number of Bedrooms to be rented:    1 bedroom    2 bedrooms    3 bedrooms    4 bedrooms

**\*No more than two adults may occupy a bedroom**

**Section 3: Business Licence Fee**

**Municipal Business Licence Fee**

**TIER 1**    Full year: Jan 1 – Dec 31, \$60     After Apr 1, \$45     After July 1, \$30     After Oct 1, \$15

**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

Signed

Dated

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

<b>Approved: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Date:</b>	<b>Signature:</b>
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