



District of Elkford  
 816 Michel Road P.O. Box 340 Elkford, B.C. V0B 1H0  
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## ONE DAY BUSINESS LICENCE APPLICATION

### COMPANY INFORMATION

Business Name \_\_\_\_\_  
 Business Civic Address \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Description/Type of Business \_\_\_\_\_  
 Website address \_\_\_\_\_ Email Address \_\_\_\_\_

### BUSINESS MAILING ADDRESS AND INFORMATION

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Cell \_\_\_\_\_  
 Owner Name \_\_\_\_\_ Fax \_\_\_\_\_

### OTHER INFORMATION

Food sales: Yes or No  
 Health Inspection: Please attach copy of Inspection Report  
 Vehicle Signage? Yes or No  
**Business Licence required date:** \_\_\_\_\_  
**Location of Business within the District of Elkford:** \_\_\_\_\_

I/We \_\_\_\_\_, hereby make application for a licence in accordance with the particulars as stated above and declare that the above statement is true and correct. I undertake that if granted the Business Licence applied for, I will comply with each Bylaw now in force or which may hereafter come in to force in the District of Elkford.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY	
Customer Code:	Licence Type:
Client Type:	Zoning: Use is permitted:
Signage on Vehicle:	
Mobile Vendors: Washroom Facilities	Property Owner Approval:
Health Unit:	Fire Department:
Approvals:	
Building Inspector: (where applicable)	Fire Department:
Licence Inspector:	Date of approval: