



# City of Coquitlam Business Licence Application Form Special Event

## Community Safety

3000 Guildford Way, Coquitlam, B.C. V3B 7N2  
Phone: 604.927.3085 Fax: 604.927.3445  
Email: businesslicenses@coquitlam.ca

**Instructions:** Additional information may be requested upon review of application.

### Part 1 – Business Contact Information

(Note: Business contact information is not considered personal information and will be released on request)

Special Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Doing Business As (DBA) or Operating Name of Event Organizer: \_\_\_\_\_

Corporate Name: \_\_\_\_\_ Incorporation #: \_\_\_\_\_

Business Owner: \_\_\_\_\_  
(Surname/First Name/Initial)

Business Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(If different than above) (Unit No. /Street No. /Street Name)

Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(If different than above) (Unit No. /Street No. /Street Name)

### Part 2 – Company Information

#### Contact Information of Owner(s), Principle Officer(s) and/or Partner(s):

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Surname/First Name/Initial)

Home Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(Unit No. /Street No. /Street Name)

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Surname/First Name/Initial)

Home Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(Unit No. /Street No. /Street Name)

### Part 3 – Applicant Statement

I/We the undersigned hereby make application for a Business Licence in accordance with the information as stated and declare that the statements are true and correct. I/We undertake, if granted the licence applied for, to comply with each and every obligation contained in the bylaws now in force or which may hereafter come into force in the City. I/We further understand that all Business Licences expire one year from the date of commencement and must be renewed each year. Every Business Licence is subject to review at any time and may be suspended or revoked for cause.

### Part 3 (continued) – Applicant Statement

The personal information collected on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. The City has authority to collect your information for the purposes of administering the Business Licencing System in accordance with Division 9 of the *Community Charter*. Should you have any questions or concerns about the collection of your personal information, please call the Supervisor of Bylaw, Business Licencing & Animal Services at: 604-927-3085. (NOTE: Business contact information contained in PART 1 is not considered personal information and will be released on request).

This Form Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Type or Print)

Position in Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 4 - Vendor Business Names

	Vendor Business Names	Business Type (i.e. Food, Gifts, Crafts, Face Painting, etc.)	DEPARTMENT USE ONLY (Fee)	DEPARTMENT USE ONLY (Business has Annual B/L)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

### Licence Department Use Only

Licence Fee Required with Application: \_\_\_\_\_ (May be subject to amendment) Prepaid: \_\_\_\_\_

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Approvals: ☐ Clerk \_\_\_\_\_ ☐ Licence Inspector \_\_\_\_\_ FHA: ☐ Required \_\_\_\_\_ ☐ Notify Only \_\_\_\_\_

Licence Classification: \_\_\_\_\_ B/L # \_\_\_\_\_ Rev. # \_\_\_\_\_ Fee: \_\_\_\_\_

Approved for Issuing: \_\_\_\_\_ Date: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Issued By: \_\_\_\_\_