

Business Licence Application for Secondary Suite Rental



New Application
 Owner Address Change

Proposed Start Date: _____

Suite Rental Address: _____

Postal Code _____

1. OWNER (ON TITLE): _____

Address: _____

Contact #: _____

Email Address: _____

2. OWNER (ON TITLE): _____

Address: _____

Contact #: _____

Email Address: _____

I hereby apply for a Business Licence and certify that the information provided above is correct and agree to comply with all relevant bylaws of the City of Delta. I understand that this is an application only and should not be considered in any way as an approval to conduct business in Delta until a valid Business Licence has been issued.

THE BUSINESS LICENCE IS NON-TRANSFERABLE, NON-REFUNDABLE, AND IS VOID ON CHANGE OF OWNERSHIP.

Signature: _____

Date: _____

Print Name: _____

Secondary Suite
Business Licence #: _____

(for office use only)



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