

# Inter-Municipal Business Licence Application



DATE: \_\_\_\_\_

INSTRUCTIONS: Please complete all applicable fields

BUSINESS INFORMATION			
Business Contact Name		Business Contact Phone #	
Business Address (Including postal code)			
Mailing Address (only if different from the above)			
BC Inc./Limited/Company or Proprietor/Partnership - Name:		Business Trade or Operating Name:	
Business Email Address:			
Business Type:		Number of Employees (Including owner):	
INTER-MUNICIPAL BUSINESS LICENCE CRITERIA AND CONDITIONS			
<p>* A current City of Delta business licence must first be issued before an IMBL can be issued.</p> <p>* An IMBL is only valid in the listed participating municipalities:  <b>PLEASE CHOOSE LICENCE:</b></p> <p><input type="checkbox"/> <b>Metro West</b> - Trades/Construction &amp; Home Health Care                      Burnaby, New Westminster, Richmond, Surrey and Vancouver</p> <p><input type="checkbox"/> <b>Fraser Valley</b> - Trades/Construction Only                      Surrey, Langley, Abbotsford, Maple Ridge, Pitt Meadows, Mission, Chilliwack, Hope, Kent and Harrison Hot Springs</p> <p>* A business that is issued an IMBL must comply with the bylaws of each participating municipality.</p>			
APPLICANT STATEMENT			
I/We the business licence holder/agent for business licence holder acknowledge and confirm: that the above noted information is correct; that the information may be shared in accordance with the Freedom of Information Act; and that the holder of the business licence must comply with the above listed criteria and conditions.			
Business Owner / Director Signature:			
Print Name	Signature	Date:	
Representative Information & Signature (To be completed if you are applying on behalf of the business owner / director)			
Print Name	Signature	Contact Phone #:	Date:
LICENCE DEPARTMENT USE ONLY			
Current Delta Business Licence #:		IMBL #	

