

New Business:		Business Name		Change:	Address Cha	nge:	Oth	Other Change:	
Licence Type:	icence Type: Town of Comox:							nal add on) Community:	
Business Name:	•					Business Ph	one:		
Business Owner Nar	ne:					Owner Phor	ne:		
Business Address:					Mailing Address:				
Town: Prov:		Prov:	Postal:		Town:	Town:		Postal:	
Local Contact Name: Email:						Phone:	l		
Business Description: Type of mobile vendor, if applicable: Truck:				☐ Tra	iler:	Is this a seasonal or temporary business?		Start Date:	
HomeOccupation? Yes No Yes No				Will you be operating for more than one year? Yes No			ne year?	Month ending:	
until such time as a Signature of App	business licen		pproved	and issued. nt Name:	nox. I/we further underst	•	Date:		
PLANNING	Referred:			OFFICE USE ONLY Comments:					
	Approved:		-						
BUILDING	Referred:			Comments:					
	Approved:								
FIRE	Referred:			Comments:					
	Approved:								
HEALTH	Referred:			Comments:					
	Approved:								
OTHER	Referred: Approved:		Comments:						
Business Licence Inspector:		Licence C	Licence Category:					Licence Year:	
Approved:		Licence F	Licence Fee:		Licence Number:	Is	sued:	Expires:	