



**The Corporation of the City of Nelson**  
 Suite 101, 310 Ward Street, Nelson British Columbia V1L 5S4

Office of the Chief Financial Officer  
 Telephone: (250) 352-8248 Fax: (250) 352-6594

CITY OF NELSON

**BUSINESS LICENSE REVISION**

Name of applicant: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Phone number(s): \_\_\_\_\_  
 Business License account #: \_\_\_\_\_

**APPLICATION FOR:**

**new BUSINESS NAME**  
 New business name: \_\_\_\_\_  
 Previous business name: \_\_\_\_\_

**new OWNER**  
 New owner: \_\_\_\_\_  
 Previous owner: \_\_\_\_\_  
 New mailing address: \_\_\_\_\_  
 Has the **new** owner ever been convicted of any criminal offense? NO  YES  If so, provide particulars:  
 Name: \_\_\_\_\_ Offense: \_\_\_\_\_

**new PHYSICAL ADDRESS**  
 New address: \_\_\_\_\_  
 Previous address: \_\_\_\_\_  
 Mailing address if different from physical address: \_\_\_\_\_  
**Business Location changes require a \$15.00 charge**

I/We \_\_\_\_\_ hereby make application for a license in accordance with the particulars as above stated and I declare the above statements are true and correct, and I undertake that if I am granted the license applied for, I will comply with each and every obligation contained in all laws and bylaws now in force or which may hereafter come into force in the City of Nelson.

**NOTICE:** This Business License Revision Application and fee payment does not constitute a valid business license. A business license will be issued after all bylaw requirements have been completed. We may supply other agencies with the above information.

DATE: \_\_\_\_\_  
 \_\_\_\_\_  
*Owner (or Signing Officer) Signature*

OFFICE USE ONLY		
Account #: _____ \$15 fee for Business Location change:  PAYMENT STAMP	For Business Location change: Zoning: _____ Permitted use: Yes / No / NA Site Inspection passed: Yes / No / NA Building Permit finalized: Yes / No / NA Owner authorization provided: Yes / No / NA Comments: _____	APPROVAL:  _____ Business License Inspector  Date: _____