



City of Coquitlam

Business Licence Application Form

Mobile/Street Vendor

Community Safety

3000 Guildford Way, Coquitlam, B.C. V3B 7N2

Phone: 604-927-3085 Fax: 604-927-3445

Email: businesslicences@coquitlam.ca

Instructions: If more information is required than a field allows for, please attach additional pages.

Part 1 – Business Contact Information

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

Operating Name: _____

Corporate Name: _____ Incorporation #: _____

Business Owner: _____ Title / Position: _____
(Surname/First Name/Initial)

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

Phone: _____ Fax: _____ Other: _____

Email: _____

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

Part 2 – Company Information

Name of Owner(s), Principle Officer(s) and/or Partner:

Name: _____ Title/Position: _____ Phone: _____
(Surname/First Name/Initial)

Address: _____ City/Province: _____ Postal Code: _____
(Unit No. /Street No. /Street Name)

Name: _____ Title/Position: _____ Phone: _____
(Surname/First Name/Initial)

Address: _____ City/Province: _____ Postal Code: _____
(Unit No. /Street No. /Street Name)

Part 3 – Please Complete the Following Information Regarding Your Business

Proposed Coquitlam Start Date: _____

Have You Previously Had Mobile Vending Licence?: Yes ☐ No ☐ Truck: ☐ (Length) _____ or Cart: ☐

Please Describe the Product You Are Intending On Selling:

Please Provide Three (3) Location Choices with (1) Being Your Most Desirable Location:

Location 1: _____

Location 2: _____

Location 3: _____

Part 4 Applicant Statement

I/We the undersigned hereby make application for a Business Licence in accordance with the information as stated 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.

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: _____

Licence Department Use Only

Application Received By: _____ Date: _____

Approvals Required: ☐ Engineering _____ Site No. _____ Location: _____

☐ Fire _____ ☐ Health _____ ☐ Liability Insurance _____ ☐ Mobile Vending Licence Of Agreement: _____

☐ Damage Deposit _____

Classification: 1. _____ B/L# Issued _____ Rev. # _____ Fee: _____

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Approved By Licence Inspector: _____ Date: _____ Issued Date: _____ Issued By: _____

Conditions:
