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THE CORPORATION OF THE CITY OF GRAND FORKS

Application for Business Licence

PAID

DEC 8 2016

Please answer all applicable questions, sign in the space provided below and return this form, together with the appropriate licence fee to the Licence Department. **PLEASE BE AWARE THAT THE LICENCE FEE PAYMENT IS BASED ON THE CALENDAR YEAR (JANUARY TO DECEMBER, NO MATTER WHEN THE APPLICATION IS MADE).**

1. Trade name of business: Herbivore
2. Business civic address: 7361 2nd Street Grand Forks BC
3. Business mailing address: 5665 Spencer Rd. Grand Forks BC
VOH 1H5 info@theherbivore.ca
(address, postal code and email address of the business)
4. Business phone number: (778) 801-4007
5. Number of Employees: 1 Expected opening date: Dec. 1 2016
6. Type of Business: Retail/Corporation
7. Type of service/product sold/contract: retail
8. Owner of business: Teresa Taylor
(partnership/organizations/limited companies – please attach list of principle officers)
9. Address of Owner(s): 5665 Spencer Rd.
Grand Forks BC V0H 1H5
10. Previously held licence in Grand Forks Yes ☒ No Year
(circle yes or no)
11. Has licence ever been revoked Yes ☒ No Year
(circle yes or no)
12. Agents last sales area: _____
13. Name of applicant: Teresa Taylor (250) 442 8878

(full name, address and phone number of the applicant)

(cont'd on reverse)

*City of Grand Forks Business Licence Bylaw #1384 and all amendments

"HERBIVORE"

14. Provincial Certificate of Proficiency

(Applies to Trades qualification or Professional Services Number or Certificate)

Full name of certified: _____

Area of proficiency: _____

CROSS CONNECTION CONTROL PROGRAM

A Cross Connection Control Survey may need to be conducted if your business is deemed to be a High Cross Connection Risk. There may be costs associated with eliminating any cross connections found by officials of the City's Water Department. Should you have any concerns regarding this process, please contact the Water & Sewer System Coordinator at 250-442-8266, Extension 60244.

Initials

I/We hereby make application for a licence in accordance with particulars as stated above and declare that the above statement is true and correct. I/We undertake that, if granted, the licence applied for, I/We will comply with each and every obligation contained in all laws and bylaws now in force, and amendments thereto, in the City of Grand Forks, Province of British Columbia.

We consent that the information contained herein may be made available to the B.C. Assessment Authority, Revenue Canada Taxation and the City's website at www.grandforks.ca.

Signature of applicant: _____

Date of application: _____

December 7 2016

*for application
Jan 1 2017

FOR OFFICE USE ONLY

Classification: _____

Regular

Zoning: _____

Licence fee: _____

\$75.00

Receipt # _____

201466

Date Paid: _____

Dec 8, 2016

Licensed as: _____

Retail

PAID

DEC 8 2016

THE CORPORATION OF
THE CITY OF GRAND FORKS

Department approvals

Scan To Economic Development

☒

Building Inspection: _____

Manager of

Operations: _____

Cross Connection: YES ☐ NO ☐

YES

NO

If yes, send copy to Water Foreman

Fire Chief: _____

Public Health Certificate: _____

Licence Inspector: _____

Date of Final Approval: _____

Notes: _____

"The information on this form is collected under the authority of the *Community Charter Act* in order to process your payment agreement application. Personal information collected is protected pursuant to the *Freedom of Information and Protection of Privacy Act*. ENQUIRIES: Corporate Officer, the Corporation of the City of Grand Forks, 7217 4th Street, Grand Forks, BC V0H 1H0 Tel: 250.442.8266".