

## THE UNIVERSITY OF BRITISH COLUMBIA

### Campus and Community Planning

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# **Application for Approval of Commercial Business Operations** on UBC Point Grey Campus Neighbourhoods Please indicate if this application is: ☐ New Application ☐ Transfer or ☐ Out of Town Business Address: \_\_\_\_\_ (including postal code) Mailing Address: (only if different from the above address) Type of Business: \_\_\_\_ Please describe in detail the nature of your business and the intended use of the premise (both primary and ancillary): Business Owner(s): Please present one form of current photo identification upon application. Proof of address is required. (please print) Owner 1 Name: \_\_\_\_\_ Email: Phone (daytime): \_\_\_\_\_ Fax: \_\_\_\_\_ ☐ Driver's License ID No. \_\_\_\_\_ ☐ BCID ID No. ☐ Passport ID No. \_\_\_\_\_ ☐ Other ID No. \_\_\_\_\_ Email: Owner 2 Name: \_\_\_\_\_ Phone (daytime): \_\_\_\_\_ Fax: ☐ Driver's License ID No. ☐ BCID ID No. ☐ Passport ID No. ☐ Other ID No. THIS SECTION IS FOR C+CP USE ONLY Date Application Received: \_\_\_\_\_ Business License Type: \_\_\_\_\_ Business License Fee: \$ \_\_\_\_\_ Payment by: ☐ cheque ☐ cash Date Payment Received:

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Doing Business as/Business Trade Name:				
Incorporated/Limited C process this application)	company Name: (If Incorporated or Limited,	a copy of the certificate is required to		
	Certificate #:			
PLEASE COMPLETE TH	E FOLLOWING INFORMATION			
Business Start Date:				
# of Employees:	# of Vending Machines:	# of Bank Machines:		
If Restaurant or Limited F	ood Establishment: # of Seats:	_ Outdoor Seating: ☐ Yes/ ☐ No		
Have you previously held	a Business License on campus?	o 🗆 Yes, date:		
If yes, Name of Previous	Business:			
Address of Previous Busi	ness:			
Trades Qualification Num	ber (for Contractors Use Only):			
OWNER(S) THAT THE A WITH ALL THE RULES A OTHER APPLICABLE LA BUSINESS OWNER(S) IS BUSINESS INCLUDING SEALURE TO MEET THE	IT  D CONFIRM AS THE BUSINESS OWN BOVE-NOTED INFORMATION IS COP IND REGULATION OF THE UNIVERSI IWS, FEDERAL OR PROVINCIAL. IT IS S/ARE RESPONSIBLE FOR THE OVE STAFF WHILE REPRESENTING THE SE OBLIGATIONS MAY RESULT IN THE ANCELLED AT THE ABSOLUTE DISCI	RRECT AND AGREES TO COMPLY TY OF BRITISH COLUMBIA AND S ALSO UNDERSTOOD THAT THE RALL MANAGEMENT OF THE OWNER'S BUSINESS. FURTHER, HE APPROVAL OF BUSINESS		
Signature	Print Name  ☐ Owner/ ☐ Representative	<b>Date</b>		
Signature	Print Name  □ Owner/ □ Representative			

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