



SCHEDULE 'B'

* Computer No.: _____

Firm or Business: _____

Name of Licensee: _____

Use and Type of Business to be Conducted: _____

* Section(s) Licensed Under: _____

* Class of Business: _____

Location of Business: _____

Manager Name and Address: _____

_____ Phone: _____

E-mail Address: _____ Other Phone (i.e. cell): _____

Total of: *(complete any area's that apply to your business)*

1) Trades: _____ 6) Rooms: _____

2) Sq. Ft./Bldg.: _____ 7) Tables: _____

3) Sq. Ft./Used Area: _____ 8) Lanes: _____

4) Seats/Chairs: _____ 9) Persons Employed: _____

5) Units: _____ 10) Other: _____

Business Mailing Address: _____

_____ Phone: _____

* Legal Description: _____ Roll # _____

Owner of Premises: _____
(attach permission letter if Licensee is not owner)

Opening Date: _____

Type of Business: New: _____ Existing: _____

If existing, are renovations planned: _____

Company Registration: _____ (Business Number or GST or PST)

* References: _____

Trade Qualifications Certificate No.: _____ (Attach a Copy)

I/We _____ hereby make application for a license in accordance with the particulars as above stated and 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 the laws and bylaws now in force or which may hereafter come into force in the Town of Golden, British Columbia.

Dated: _____

Signature of Applicants: _____

* Remarks from License Inspector: _____
