



**LEQ'Á:MEL LANDS DEPARTMENT
BUSINESS PERMIT APPLICATION**

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**APPLICATION FOR BUSINESS PERMIT
COMMERCIAL/INDUSTRIAL**

- | | |
|--|--|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Change of Owner |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Change of Name |
| <input type="checkbox"/> Change of Address | |

Legal Name of Business		
Incorporation #		
Business Address		Postal Code:
Mailing Address		Postal Code:
Name of Business Owner		
Business Phone #		Fax #:
Home Phone #		Cell #:
Home Address of Business Owner		Email:
Type of Business		
Gross Floor Area (m2)		
Emergency Contact #1		Phone #:
Emergency Contact #2		Phone #:
Name of Building Owner		
Building Owner Phone #		Fax #:
Building Owner Emergency Contact		Phone #:

I hereby make application for a business permit in accordance with all of the information as above stated and:

- a) Declare that this is true and accurate information;
- b) Agree to comply with, and ensure my business complies with, all relevant Laws of Leq'á:mel First Nation and other applicable laws and standards;
- c) Understand that a business permit does not, in itself, legalize my activities and that other authorizations may be required; and
- d) Agree to release and indemnify Leq'á:mel First Nation against any and all claims of any kind against Leq'á:mel First Nation in relation to my business and the premises where it is carried out:

Signature

Position

Date

PAID STAMP
RECEIPT #