Coactal Hoalth you	For the payment search, you will need your account number, invoice number, and postal code		Please see payment options below		
Account #: HP99999			<mark>299999-4</mark> Dec 2020		
BEYOND COFFEE (JOHN BUNDLE) 432 8347 Martian Ave		Amount Enclosed \$	□ VISA □ AMEX	□ MASTERCARD □ CHEQUE	
Richmond, BC V82B7Z Canada		Card Holder's Name			
		Card No.		Expiry Date	
	OUR PAYMENT	Signature			
	5 Willingdon Avenue, Burn: T Registration #: 1192610	aby, BC V5C 6E3 Canada 48		 Page 1 of 4	
Promoting wellness. Ensuring care.			Invoice #	Invoice Date	
RICHMOND ENVIRONMENTAL HEALT	Η		HP99999-4	11 Dec 2020	
Account Name			Ref #	Account #	
BEYOND COFFEE (JOHN BUNDLE)				HP99999	

Service Date	Code	Description	Unit	Rate	Amount
01 Jan 2021	FSE<50A	FOOD EST 50 OR LESS ANNUAL 5014006 BEYOND COFFEE	1	150.00	150.00
				Total Due	150.00

ACCOUNT COPY - PLEASE KEEP FOR YOUR RECORDS

TERMS & CONDITIONS

- All amounts are in Canadian Dollars. Amount due is payable in Canadian Dollars and due upon receipt.
- Annual fees are prorated monthly for any month in which the premises operates.
- Do not mail cash.
- A service fee of \$30.00 minimum will be charged for dishonoured cheques.
- Payments are applied to earliest outstanding balance.
- An administration fee of \$100.00 will be charged to overdue accounts.
- A validation decal will be issued upon receipt of payment of this invoice .

PAYMENT OPTIONS

- ONLINE: https://pay.healthcarebc.ca
- PHONE: 604-297-8512 Option 1
- MAIL: make cheques payable to Vancouver Coastal Health write the account number on the front of the cheque mail to Revenue Services, 1795 Willingdon Ave, Burnaby BC, V5C 6E3, Canada
- IN PERSON: Cash, Cheque, Credit Card or Debit Card payments can be made in-person.
 Please see the Environmental Health Offices page included in this invoice for locations

TO MAKE PAYMENTS Tel: 604-297-8512 OPTION 1

FOR BILLING QUESTIONS: Tel: 604-297-8512 OPTION 2 Fax: 604-297-9305

Fax: 604-297-9305

If you have recently paid this account, we thank you for your payment and we ask you to kindly disregard this notice.



1795 Willingdon Avenue, Burnaby, BC V5C 6E3 Canada GST Registration #: 119261048

Page 2 of 4

RICHMOND ENVIRONMENTAL HEALTH	Invoice # HP99999-4	Invoice Date 11 Dec 2020
Account Name	Ref #	Account #
BEYOND COFFEE (JOHN BUNDLE)		HP99999

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- Payments are applied to earliest outstanding balance.
- An administration fee of \$100.00 will be charged to overdue accounts.
- A validation decal will be issued upon receipt of payment of this invoice .
- Decals and permits are not transferable.
- The Health Act Fees Regulation provides that an operating permit is valid only if it bears an unexpired decal .

PAYMENT OPTIONS

- ONLINE: https://pay.healthcarebc.ca
- PHONE: 604-297-8512 Option 1
- MAIL: make cheques payable to Vancouver Coastal Health write the account number on the front of the cheque mail to Revenue Services, 1795 Willingdon Ave, Burnaby BC, V5C 6E3, Canada IN RERSON: Cash, Cheque, Credit Card or Debit Card nauments can be made in a
- IN PERSON: Cash, Cheque, Credit Card or Debit Card payments can be made in-person. Please see the Environmental Health Offices page included in this invoice for locations

TO MAKE PAYMENTS

Tel: 604-297-8512 OPTION 1 FOR BILLING QUESTIONS: Tel: 604-297-8512 OPTION 2 Fax: 604-297-9305 Monday-Friday 8:00 AM - 4:00 PM PST Email: patientbilling@phsa.ca

If you have recently paid this account, we thank you for your payment and we ask you to kindly disregard this notice.



RICHMOND ENVIRONMENTAL HEALTH	Invoice # HP99999-4	Invoice Date 11 Dec 2020
	Ref #	Account #
BEYOND COFFEE (JOHN BUNDLE)		HP99999

FREQUENTLY ASKED QUESTIONS

Q1: Why am I being invoiced?

A1: This invoice covers the cost of your Annual Environmental Health Permit to Operate. This non-transferable permit is renewed annually. On payment of this invoice (and any additional fees for previous years) you will be mailed a validation decal. The decal must be affixed to the permit and the permit prominently displayed in full view of the public.

Q2: Is the Permit to operate the same as a City Business License? A2: No, this is a Provincial Health fee, separate and above any City Business License fee. Both must be paid to operate legally.

Q3: When is payment due?

A3: Payment is due upon receipt of this invoice. Your validation decal expires according to the date indicated on your current decal.

Q4: What methods of payments do you accept?

A4: Payments online can be made with Visa, MasterCard, or American Express. Please note, the following description(s) may appear on your credit/bank statement: VCHA Environmental Health

Q5: What if I do not pay the permit fee?

A5: You will receive one reminder if you do not pay this invoice. Failure to make payment in full within 7 calendar days after the reminder will result in a \$100.00 Administration Fee added to your account and will put you at risk of enforcement action including closure of your establishment for operating without a valid Permit.

Q6: What if the wrong facility or owner name appears on the invoice? A6: Please contact your local environmental health office immediately.



Account Name Ref # Account # BEYOND COFFEE (JOHN BUNDLE) HP99999 Environmental Health Offices Vancouver Environmental Health 1200-601 West Broadway, Vancouver, BC, V5Z 4C2 Tel: 604-675-3000 Email: ethvc@vch.ca Richmond Environmental Health 325-8100 Gramville Avenue, Richmond, BC, V6Y 3T6 Tel: 604-233-3147 Email: ethvc@vch.ca Richmond Environmental Health 325-8100 Gramville Avenue, Richmond, BC, V6Y 3T6 Tel: 604-233-3147 Email: bealthprotectionRH@vch.ca North Shore Environmental Health 322 W. Esplanade, 6th Floor, North Vancouver, BC, V7M 1A2 Tel: 604-893-6700 Email: healthprotectionNS@vch.ca Sechelt Environmental Health Size W. Esplanade, 6th Floor, North Vancouver, BC, V7M 1A2 Tel: 604-885-5164 Email: healthprotectionNS@vch.ca Sechelt Environmental Health Size Thild Edvenue, Box 1040, Sechelt, BC, V0N 3A0 Tel: 604-885-5164 Email: healthprotectionC@gwch.ca If billing address or contact information below and mail this section with your payment. Change of Owner:	Promoting wellness. Ensuring care. RICHMOND ENVIRONMENTAL HEALTH	Invoice # HP99999-4	Invoice Date 11 Dec 2020
Vancouver Environmental Health 1200-801 West Broadway, Vancouver, BC, V5Z 4C2 Tei: 604-875-3800 Email: ehvc@vch.ca Richmond Environmental Health 325-8100 Crawlle Avenue, Richmond, BC, V6Y 3T6 Tei: 604-233-3147 Email: healthprotectionRH@vch.ca North Shore Environmental Health: 132 W. Esplanade, 6th Floor, North Vancouver, BC, V7M 1A2 Tei: 604-983-6700 Email: healthprotectionNS@vch.ca Sechelt Environmental Health 5571 Inlet Avenue, Box 1040, Sechelt, BC, V0N 3A0 Tei: 604-885-5164 Ermail: healthprotectionCG@vch.ca If billing address or contact information is incorrect as shown on the front of this invoice, please add the new information below and mail this section with your payment. Change of Owner:		Ref #	
1200-601 West Broadway, Vancouver, BC, V5Z 4C2 Tei: 604-675-3800 Email: ehvc@vch.ca Richmond Environmental Health 325-8100 Granville Avenue, Richmond, BC, V6Y 3T6 Tei: 604-233-3147 Email: healthprotectionRH@vch.ca North Shore Environmental Health: 132 W. Esplanade, 6th Floor, North Vancouver, BC, V7M 1A2 Tei: 604-983-6700 Email: healthprotectionNS@vch.ca Sechelt Environmental Health 5571 Inlet Avenue, Box 1040, Sechelt, BC, V0N 3A0 Tei: 604-885-5164 Email: healthprotectionCG@vch.ca If billing address or contact information is incorrect as shown on the front of this invoice, please add the new information below and mail this section with your payment. Change of Owner:	Environmental Health Offices		
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5571 Inlet Avenue, Box 1040, Sechelt, BC, V0N 3A0 Tel: 604-885-5164 Email: healthprotectionCG@vch.ca If billing address or contact information is incorrect as shown on the front of this invoice, please add the new information below and mail this section with your payment. Change of Owner:	132 W. Esplanade, 6th Floor, North Vancouver, BC, V7M 1/ Tel: 604-983-6700	42	
of this invoice, please add the new information below and mail this section with your payment. Change of Owner:	5571 Inlet Avenue, Box 1040, Sechelt, BC, V0N 3A0 Tel: 604-885-5164		
Facility Name Change: Billing Address: Billing Contact: Phone Number: Email: Name (please print) Signature	of this invoice, please add the new information below and m		
Billing Address:	Change of Owner:		
Billing Contact:	Facility Name Change:		
Phone Number: Email: Name (please print) Signature	Billing Address:		
Email: Name (please print) Signature	Billing Contact:		
Name (please print)	Phone Number:		
Signature	Email:		
	Name (please print)		
	Signature		