



Business Licence Application

Business Licence Bylaw, 2002, No. 8213

Licence #

The Corporation of the District of Saanich
770 Vernon Avenue Victoria BC V8X 2W7
Telephone (250) 475-5401 Fax (250) 475-5429
www.saanich.ca Email onestop@saanich.ca

Date Stamp

This is an application for a (check one)

New Business Change of Ownership Change of Name (Previous Name: _____)

Change of Address (Previous Address if within Saanich: _____)

BUSINESS NAME

Nature of Business	Number of Local Employees	
Owner(s) / Licencee(s): Name & Address		
BUSINESS LOCATION		
Mailing Address (if different from Business Location)	Business E-Mail Address	
Business Telephone Number(s)	Business Fax Number	
Local Contact & Phone No.	Emergency Name & Phone No.	Business Start Date
Type of Business & Square Footage Commercial (Sq Ft)	Home Based (Sq Ft)	Non-Resident
CRA Business Number	Trade Qualification Number (T.Q.)	Are you renovating or altering premises? <input type="checkbox"/> Yes <input type="checkbox"/> No

Important Notice

By submitting this business licence application, the above-named applicant hereby declares that all the above information is correct and that they will comply with the bylaws and regulations of The Corporation of the District of Saanich.

This Section for Office Use Only

Department	Approved by	Date	Comments	Bylaw Rate(s)
Planning				Category:
Fire				Intermunicipal?:
Inspection Services				Fee:
Health				Start Date:
Police				Inspector
Date/Approval/Restrictions:				

CHEQUE CASH NONE

**Business Licence Application
Supplemental Information**

**Residential Businesses of the District of Saanich must also provide
the following information:**

- Applicant's birthdate: Day ____ Month _____ Year ____ Driver's Licence No. _____ Province
- Number of vehicles used in business _____ Gross Vehicle Weight
- Number of vehicles or units for hire
- Number of vending machines or video games
- Number of service station hose lines
- Number of barber chairs/styling stations
- Daily licence: Number of days required

IF YOU ARE LICENCING AN APARTMENT OR HOTEL

- Name, address and phone number of Manager
- Specify number of rental units: _____ x studio/bachelor _____ x 1 bdrm _____ x 2 bdrm _____ x 3 bdrm