



**PROPERTY – BUSINESS LICENCE APPLICATION**  
**Legislative & Regulatory Services Department**  
**Bylaw & Licencing Services Division**  
**City of Victoria**  
**1 Centennial Square**  
**Victoria, B.C. V8W 1P6**

For information, or assistance completing this form, please contact the Business Licence Inspector at 250.361.0572 or by email at [businesslicence@victoria.ca](mailto:businesslicence@victoria.ca). You can mail your completed application to the above address, fax it to 250.361.0205 or email to the email address noted above.

**IMPORTANT:** The information required by this application is necessary to fully evaluate your request for a Business Licence. Incomplete forms will **not** be processed. Completion of this application does **not** guarantee approval of a Business Licence.

Conducting business without a Business Licence is an **offence** for which penalties are prescribed. The minimum penalty is a fine of \$100 per day for each day that the offence continues, pursuant to Section 4 of the Business Licence Bylaw.

**PART A: BUSINESS LICENCE APPLICATION**

Business Location / Address: \_\_\_\_\_

Business Name / Operating Name: \_\_\_\_\_

Partnership / Sole Proprietorship(s): \_\_\_\_\_

Limited / Incorporated Company Name: \_\_\_\_\_

1. Principal Name / Address: \_\_\_\_\_

2. Principal Name / Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cellular: \_\_\_\_\_

Proposed Business Start Date: \_\_\_\_\_

TYPE OF ACCOMODATION (check one or more, if applicable):

- APARTMENT
  - ROOMING HOUSE
  - BOARDING HOUSE
  - SINGLE FAMILY DWELLING- NON-TRANSIENT
  - OTHER (GIVE PARTICULARS) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PLEASE IDENTIFY THE TYPE AND NUMBER OF UNITS**

- Single Room(s) \_\_\_\_\_ units X \$5.00 license fee per unit = \_\_\_\_\_
- Bachelor Suite(s) \_\_\_\_\_ units X \$10.00 license fee per unit = \_\_\_\_\_
- One Bedroom Suite(s) \_\_\_\_\_ units X \$15.00 license fee per unit = \_\_\_\_\_
- Two Bedroom Suite(s) \_\_\_\_\_ units X \$20.00 license fee per unit = \_\_\_\_\_
- Three Bedroom Suite(s) \_\_\_\_\_ units X \$25.00 license fee per unit = \_\_\_\_\_

**TOTAL NUMBER OF UNITS** \_\_\_\_\_ **TOTAL UNIT FEES** \_\_\_\_\_ **(A)**

**COIN OPERATED VENDING MACHINES**

# of washers and dryers \_\_\_\_\_ units X \$11.00 license fee per unit = \_\_\_\_\_

# of other machines \_\_\_\_\_ units X \$15.00 license fee per unit = \_\_\_\_\_

**TOTAL NUMBER OF UNITS** \_\_\_\_\_ **TOTAL UNIT FEES** \_\_\_\_\_ **(B)**

**TOTAL LICENSE FEE FOR THIS PROPERTY** (*Total of line A and B to be submitted with application*)

\$ _____
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**PART B: APPLICANT'S INFORMATION**

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_, 20\_\_\_\_

**IMPORTANT:** Applicant has read and agrees to comply with the requirements of the Zoning Regulation Bylaw and the Business Licence Bylaw of the City of Victoria. This information is being collected for the purpose of determining the applicant's eligibility for a Business Licence in the City of Victoria pursuant to Bylaw(s). In providing this information you are consenting to its use for the above-mentioned purpose and declare that all information provided herein is correct. This information may be shared with applicable departments and related agencies during the approval process.

**PART C: APPROVAL PROCESS (FOR OFFICE USE ONLY)**

<u>DEPARTMENT</u>	<u>DATE</u>	<u>APPROVAL</u>	<u>DATE</u>	<u>COMMENTS</u>
<input type="checkbox"/> Planning	_____	_____	_____	_____
<input type="checkbox"/> Building	_____	_____	_____	_____
<input type="checkbox"/> Health	_____	_____	_____	_____
<input type="checkbox"/> Fire	_____	_____	_____	_____
<input type="checkbox"/> Police	_____	_____	_____	_____
<input type="checkbox"/> Engineering	_____	_____	_____	_____
<input type="checkbox"/> Bylaw	_____	_____	_____	_____

FINAL APPROVAL by Business Licence Inspector \_\_\_\_\_

DATE APPROVED \_\_\_\_\_, 20\_\_\_\_ BUSINESS LICENCE NUMBER \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_