



# TRANSIENT – 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 250.361.0215 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. Approved licences will be issued **only** upon receipt of payment of Business Licence fee.

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

## PART A: BUSINESS LICENSE APPLICATION

NUMBER OF ROOMS BEING USED FOR TRANSIENT ACCOMODATION:

TYPE OF ACCOMODATION (check one)

- SINGLE FAMILY DWELLING - \* HOME OCCUPATION **Note: Please include the following:**
- HOTEL **Number \_\_\_ of washers and dryers x \$11.00= \_\_\_ Total**
- MOTEL
- HOSTEL
- OTHER - GIVE PARTICULARS \_\_\_\_\_

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

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

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

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

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

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

Emergency Contact Name / Phone: \_\_\_\_\_

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

Web Address: \_\_\_\_\_

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

Detailed Business Description:

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**IMPORTANT:** Home Occupation means making, servicing, or repairing goods, or providing services for hire or gain by any person, wholly within a dwelling unit **occupied** by the applicant. In addition, **Schedule D – Zoning Regulation Bylaw** states, in part ‘...where any building is used as a single family dwelling, up to two (2) bedrooms may be used for transient accommodation as a home- occupation.’ [www.victoria.ca/business/building\\_byl.shtml](http://www.victoria.ca/business/building_byl.shtml).

**PART B: APPLICANT’S INFORMATION**

Applicant’s Name (Individual completing form): \_\_\_\_\_

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 License Bylaw of the City of Victoria. This information is being collected for the purpose of determining the applicant’s eligibility for a Business License 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 \_\_\_\_\_

TBL-3 (2003)