



PROPERTY – BUSINESS LICENCE APPLICATION
Legislative & Regulatory Services Department
 Bylaw & Licensing 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. 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 \$250 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 ACCOMMODATION (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*)

\$ _____

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 _____
