



# CANNABIS – RETAIL BUSINESS LICENCE APPLICATION

Finance Department  
 Business Licensing Division  
 City of Victoria  
 1 Centennial Square  
 Victoria BC V8W 1P6

|                             |
|-----------------------------|
| Account # (office use only) |
|-----------------------------|

For information or assistance completing this form, please contact the Business Licence Office 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.

**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 **only** be issued once review by all Departments is completed and upon receipt of payment of the Business Licence fee.

Conducting business without a valid Business Licence is an **offence** for which penalties are prescribed. Be advised that the minimum penalty in this case is a fine of **\$1000 per day**, for each day that the offence continues, pursuant to [Ticket Bylaw \(Consolidated\) No. 10-071, Schedule S.1](#). **Please be advised this document is subject to the Freedom of Information and Protection of Privacy Act and access can be requested.**

**PLEASE CHECK ALL THAT APPLY**

| New Business   | Sole Proprietor | Incorporated Company | Partnership |
|--|-----------------|----------------------|-------------|
| Original Business Start Date: ____/____/____ Number of Employees: ____ (not including owner/s)<br>mm/dd/yyyy   |                 |                      |             |
| Business Address:  |                 |                      |             |
| City:  |                 | Province:            | Postal:     |
| Business Phone:  |                 | Fax:                 | Cellular:   |
| E-Mail:  |                 | Business Website:    |             |
| Detailed Business Description:   |                 |                      |             |
| Business Operating Name:   |                 |                      |             |
| Partnership Name(s): (If you plan to operate the business with one or more partners)   |                 |                      |             |
| Limited / Incorporated Company Name: (If you plan to operate the business as a separate legal entity, separate from yourself and your personal assets) |                 |                      |             |
| Sole Proprietors Name: (If you plan to operate a business on your own, either under a business name or your own name)                                  |                 |                      |             |
| Mailing Address if different from business address:  |                 |                      |             |

**Society / Limited / Incorporated Company**

Incorporation Number: \_\_\_\_\_ Society Number \_\_\_\_\_

**Yes, I have attached documents of Incorporation and Notice of Articles. (Photo copies accepted); or  
I request that the city obtain the documents of Incorporation and Notice of Articles and acknowledge  
that I will pay a \$30 fee plus applicable taxes to the City of Victoria for this service.**

**IMPORTANT:** 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 its Bylaw(s). In providing this information, you have consented to its use for the above-described purpose and declare that all the information provided herein is correct. This information may be shared with applicable City of Victoria departments and related agencies for the purpose of required inspections and approval of this licence application. Applicant has read and agrees to comply with the stated regulations and bylaws of the City of Victoria. Licences are effective from January 16 to January 15 of the following year and are non-transferable. **I understand I cannot commence business until such time as a business licence has been approved and issued. All businesses are responsible for complying with operational requirements set out by bylaw, regardless of business licence status.**

Applicant's Name (*Individual completing form*): \_\_\_\_\_

Applicant's Job Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Date Stamp for office use only: