



1 Centennial Square  
Victoria, BC V8W 1P6

250.361.0572  
[businesslicence@victoria.ca](mailto:businesslicence@victoria.ca)  
[victoria.ca](http://victoria.ca)

# Transient Accommodation Business Licence Application

For information, or assistance completing this form, please contact Business Licensing 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 250.361.0214 or email it to the email address noted above.

**IMPORTANT:** Applications must be completed in full and accompanied by appropriate documentation. Incomplete forms will not be processed. Completion of this application does not guarantee approval of the application. Approved licences will be issued only upon receipt of payment of the business licence fee. Conducting business without a valid 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 Sec. 4(a) of the Business Licence Bylaw.

## Part A: Property Information

Property Address: \_\_\_\_\_ Victoria, BC Postal Code: \_\_\_\_\_

### Type of Accommodation (CHECK ONE)

Hotel       Motel       Hostel  
 Neighbourhood Hotel       Bed & Breakfast

Number of Rooms Being Used For Transient Accommodation: \_\_\_\_\_

### Coin Operated Machines

# of washers and dryers	_____	units X \$11.00 per unit =	_____
# of other machines	_____	units X \$15.00 per unit =	_____
<b>Total number of machines</b>	_____	<b>Total fees: \$</b>	_____

## Part B: Applicant(s) Information

Registered Owner of the Property:  Yes  No

**Sole Proprietor's name:** (If you plan to operate the business on your own, either under your own name or a business 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):  
\_\_\_\_\_

Mailing address: \_\_\_\_\_  
(APARTMENT / UNIT # / STREET ADDRESS)

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_



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### **Incorporation Information:** (if applicable)

Incorporation number: \_\_\_\_\_

If applying as a Limited/Incorporated Company, have you included documents of Incorporation and Notice of Articles?

Yes

I authorize the City of Victoria to obtain the documents of Incorporation and Notice of Articles and acknowledge that a \$30 fee plus applicable taxes will be charged by the City of Victoria for this service [Administrative Fees Bylaw No. 04-40].

Applicant / Representative Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(DAY / MONTH / YEAR)

**IMPORTANT:** In providing this information, you have consented to its use for the above-mentioned purpose and declare that all the information provided herein is correct. Applicant has read and agrees to comply with the stated regulations and requirements of the Business Licence Bylaw and all other applicable City Bylaws. Licences are valid from January 16 to January 15 of the following year.

### **Part C: Approval Process (For Office Use Only)**

Processed By: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(DAY / MONTH / YEAR)