



# PROPERTY – BUSINESS LICENCE APPLICATION

Finance Department  
Business Licensing  
1 Centennial Square  
Victoria BC V8W 1P6

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) or fax 250.361.0560. 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.

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. Please be advised this document is subject to the Freedom of Information and Protection of Privacy Act and access can be requested.

## PART A: BUSINESS LICENCE APPLICATION

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

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

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

Limited / Incorporated Company Name (*Please include copy of documents*):  
\_\_\_\_\_

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

OWNER OF PROPERTY

ROOMING HOUSE

AGENT OF PROPERTY

BOARDING HOUSE

MULTI FAMILY DWELLING

**PLEASE IDENTIFY THE TYPE AND NUMBER OF UNITS (Apartment)**

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>
Planning	_____	_____	_____	_____
Building	_____	_____	_____	_____
Health	_____	_____	_____	_____
Fire	_____	_____	_____	_____
Police	_____	_____	_____	_____
Engineering	_____	_____	_____	_____
Bylaw	_____	_____	_____	_____

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

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

COMMENTS