

District of Saanich Business Licence Application



Application Type (check one)

- New Business to Saanich Change of Address within Saanich Change of Ownership Change of Name Re-Opening of Business

Business Name:	Company Ownership Name (i.e. ABC Ltd.):
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Owner(s) Personal Name and Address (or provide Director's List)

First	Last	
Address	City	Postal Code
First	Last	
Address	City	Postal Code

Business Information

Number of Owners	Number of Local Employees (not including owners)	CRA Business # (if applicable)			
Detailed Nature of Business					
Business Location (Civic Address)		Mailing Address (If different from Business Location)			
Business Telephone Number(s)	Home Phone Number	Cell Phone Number			
Local Contact Name & Phone Number	Business Email or Other Email	Please fill in one of the boxes below that describes your licence type NOTE: Sq Ft is for space being used for business purposes..			
New Location Opening Date	Will you receiving clients at your residence <input type="checkbox"/> Yes <input type="checkbox"/> No				
Non-Resident <input type="checkbox"/> Yes	Daily Licence (Trade/Exhibition) # of days Required _____	Commercial Sq. Ft: _____	Commercial & Intermunicipal Sq. Ft: _____	Home Based Sq. Ft: _____	Home Based & Intermunicipal Sq. Ft: _____
Will anyone be renovating or altering the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Description of proposed changes:					

Home Based & Inter-municipal Businesses of the District of Saanich must also provide the following information:

Vehicle Information

Please Note: Only one vehicle used in the conduct of the Home Occupation shall be stored or parked on the lot in an unenclosed manner. In no case shall the gross vehicle weight of this vehicle exceed 4200 kgs (9259 lbs).

Number of vehicles used in the business: _____ Make and Model: _____

Gross Vehicle Weight: _____ Kilograms Pounds

Number of Barber Chairs/ Styling Stations: _____

Licencing for an Apartment or Hotel

Manager		
Name (s)		
Address	City	Postal Code
Email	Phone	Cell

Specify number of rental units			
# of studio/bachelor _____	# 1 bdrm _____	# 2 bdrm _____	# 3 bdrm _____

Applicant Checklist

- Have you completed the application in full?
- Commercial Business: have you read the Saanich Fire Department's guidelines?
<https://www.saanich.ca/EN/main/community/fire-prevention-safety/inspections/business-licence-inspections.html>
- Home based business involving clients: have you read the Saanich Fire Department's guidelines?
<https://www.saanich.ca/EN/main/community/fire-prevention-safety/inspections/business-licence-inspections.html>

IMPORTANT NOTICE

By submitting this business licence application, the listed applicant hereby declares that all the information is correct and that they will comply with the bylaws and regulations of The District of Saanich.

Applicant's Signature

Print Name

Date

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at 770 Vernon Avenue, Victoria BC V8X 2W7 t. 250-475-1775, e. foi@saanich.ca

THIS SECTION IS FOR OFFICE USE ONLY

Department	Approval	Date	Comments	Bylaw Rate(s)
Planning				Category:
Fire				Intermunicipal:
Inspections				Fee:
Health				Inspector:
Initiated by CFS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: CFS number: _____				
Conditions:				
Limit 2 patrons/clients	No outside storage	Office Use Only	Can not operate in Municipality of Saanich	
Valid in Municipality of Saanich Only	No retail sales from residence	Maximum 8 children		
Date Received:		Account No.:		