

District of Saanich Business Licence Change Request Form



Business Account Number:

Change Type (check one) **Note: Application must be completed in full.**

☐ Business Name ☐ Contact Information (Email or Phone Number) ☐ Mailing Address ☐ Closing Account

Note: If the business location has moved. Please fill out a business application form.

Business Name:		Business Account Number or Business Licence Number:	
Applicant(s) Contact Information			
First Name		Last Name	
Email:		Phone Number:	
Business Information			
Mailing Address	City	Postal Code	

By submitting this change request form, 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, email foi@saanich.ca