



# Business Licence Application

District of North Saanich 1620 Mills Road, North Saanich BC, V8M 2G9 250-656-0781

<b>PART 1 - This is an application for a (check all that apply):</b>		
<input type="checkbox"/> New Business <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Name		
Business Name		Ownership Type
Owner/Licensee Name:		
Nature of Business		No. of Local Employees including owner(s) _____ Full Time _____ Part Time _____
Business Location Address:		
<b>Owner's Address (mailing address if different from business location address)</b>		
Business Telephone No.	Business Fax No.	Cell Phone No.
Business E-mail	Local Contact/Telephone No.	Business Start Date
Emergency Contact (required)	Telephone No.	Cell Phone No.
<b>Type of Business (check all that apply &amp; indicate total floor area for each use indicating <input type="checkbox"/> ft<sup>2</sup> <input type="checkbox"/> m<sup>2</sup>)</b> <input type="checkbox"/> Home-based _____ <input type="checkbox"/> Intermunicipal _____ <input type="checkbox"/> Intercommunity _____ <input type="checkbox"/> Commercial (large) _____ <input type="checkbox"/> Commercial (small) _____ <input type="checkbox"/> Non-Resident _____ <input type="checkbox"/> Winery _____ <input type="checkbox"/> Daily – per day _____ <input type="checkbox"/> Business Licence Transfer _____		
Are you renovating or altering the premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Home Occupation Business: check all that apply</b>		
How many employees will the business have?		Full Time:      Part Time:
Are you the		<input type="checkbox"/> Homeowner <input type="checkbox"/> Renter
Will you be receiving clients in your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the business be conducted entirely within the building(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the use of buildings or structures be less than or equal to 495 square feet?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will goods, wares or merchandise be sold from the premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will they be produced on the property?		
Will the business have a sign?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the business require extra parking?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, how many stalls?
Will there be outdoor storage?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the business involve the repair of machinery, boats, automobiles, or vehicles of any kind vibration or noise exceeding 45 decibels?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please Note:</b> Only one commercial vehicle in the R-1, R-2 or R-3 Zones up to a maximum gross vehicle weight of 4200 kg (9259 lbs.)		

**PART 2: FIRE DEPARTMENT USE FOR HOME OCCUPATION BUSINESS:**

Is a house number clearly identified at <b>road entrance</b> to property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you physically work from or in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a monitored fire alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, which company?	Phone No.	
Please provide the name and telephone number of a property reference who can access your home in the event of an emergency: Name	Phone No.	
Other information which may assist the Fire Department in the event of an emergency at your residence:		
Do you store business related materials in any of the buildings on your property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have propane or natural gas on property? (other than for a BBQ)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any chemicals, fuels, poisons or other hazardous material on property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If "yes", please describe materials and specify where they are stored.**

MATERIAL	STORED WHERE

**Important Notice**

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

This Section for Office Use Only				
Department	Reviewed By (date and signature)	Approved (Yes or No)	Comments	
Planning				
Bylaw				
Fire				
Inspection Services				
VIHA / Liquor Lic				
Other Approvals				
<b>Bylaw Rate(s)</b>	Customer #	Rate Code	Intermunicipal <input type="checkbox"/>	Intercommunity <input type="checkbox"/>
	Licence #		Fee \$	
Issue Date:		Inspector:		