

PART 1 - This is an application for a (check all that apply):			
<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:			
Owner's Address (mailing address if different from business location address)			
Business Telephone No.		Business Fax No.	Cell Phone No.
Business E-mail		Local Contact/Telephone No.	Business Start Date
Type of Business (check all that apply & indicate total floor area for each use indicating <input type="checkbox"/> ft² <input type="checkbox"/> m²)			
<input type="checkbox"/> Home-based _____		<input type="checkbox"/> Intermunicipal _____	<input type="checkbox"/> Winery _____
<input type="checkbox"/> Commercial (large) _____		<input type="checkbox"/> Commercial (small) _____	<input type="checkbox"/> Non-Resident _____
<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			
If Home Occupation Business:			
Are you <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter			
Will business be conducted entirely within buildings <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will there be outdoor storage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will the business involve repair of machinery, boats, automobiles, or vehicles of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will the business have a sign? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will the business require extra parking? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will the business discharge or emit fumes, vapours, heat, glare, electrical interference, radiation, vibration or noise exceeding 45 decibels? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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



PART 2: FIRE DEPARTMENT USE FOR HOME OCCUPATION BUSINESS:

Is a house number clearly identified at **road entrance** to property Yes No

Do you have propane or natural gas on property? (other than for a BBQ) Yes No

Do you have any chemicals, fuels, poisons or other hazardous material on property? Yes No

Do you physically work from or in the home? Yes No

Do you store business related materials in any of the buildings on your property? Yes No

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

MATERIAL	STORED WHERE

Do you have a monitored fire alarm? _____

If so, which company? _____ Phone No. _____

What is your Emergency contact telephone number? _____

Please provide the name and telephone number of a property reference who can access your home in the event of an emergency:

Other information which may assist the Fire Department in the event of an emergency at your residence:

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