



# Business Licence Application

1903 Mount Newton Cross Road Saanichton BC V8M 2A9 250 544-4217 www.centalsaanich.ca

This collection of personal information is authorized under the *Local Government Act, Community Charter and Freedom of Information and Protection Privacy Act*. The information will be used for processing this application. Questions can be directed to the District's Information and Privacy Officer at 250-652-4444 or [municipal.hall@csaanich.ca](mailto:municipal.hall@csaanich.ca).

## Business Information

Business Address		City	Postal Code
Business Name			Number of Employees (including applicant)
Bus. Telephone	Cell	General Email Address	
Website (for business directory listing)		Social Media accounts (for business directory listing)	
Nature of Business		If Group Home No. of Residents	If Day Care – No. of Children
Business Size (m <sup>2</sup> )	Business area shall not exceed 25% of the gross floor area of a single family dwelling	Building Size (m <sup>2</sup> )	For business in an accessory building, the building must be less than 90 m <sup>2</sup> in floor area

- Check to include your business listing on Central Saanich's online business directory for the public.  
 Check to be included on email database and receive business-related newsletters from the District of Central Saanich.

## Applicant Information

Business Owner(s)/Licencee(s)	Applicant email (if different than general business email)	Telephone No.
Mailing Address (if different from Business Location)	City	Postal Code

## Business & Type

<input checked="" type="checkbox"/>	Check
	<b>New Business</b> Indicate Business Start Date -
	<b>Change of Ownership</b> Indicate Previous Business Owner -
	<b>Change of Name</b> Indicate Previous Business Name -
	<b>Change of Address</b> Indicate Previous Central Saanich Address -
	<b>Add Category to Existing Licence</b>

<input checked="" type="checkbox"/>	Check
	Non-Resident
	Daily
	Commercial *
	Inter-Municipal (CRD)
	Inter-Community (Participating Vancouver Island Municipalities)
	Farm-Based
	Home-Based <b>Located in a Single Family Dwelling</b> (Licence can NOT be issued to property with unauthorized secondary suite)
	Home-Based <b>Located in an Accessory Building</b> (Building must be less than 90m <sup>2</sup> in area)

## Signs

<input checked="" type="checkbox"/>	Check
	No Sign OR No Sign Changes
	Replace Existing Signage or New Sign Submit <u>separate</u> Sign Permit Application and Fees including a plan of the sign(s) showing the size and details

\* Commercial businesses require a floor plan of the tenant space to be submitted with this application.

**The undersigned has read above and makes application as specified herein, and declares that the information submitted in support of the application is true and correct in all respects, complying with the bylaws of the Corporation of the District of Central Saanich**

Signature of Applicant

Print Name

Date

Revised Oct 2020

## Office Use Only

Business Licence Review			
	Initials	Comments	Date
<b>Received</b>			
<b>Health (VIHA)</b>			
<b>Building Inspector</b>			
<b>Licensing Officer</b>			
<b>Fire Inspector</b>			

Business Licence Issuance			
Rate Code	Account Code/Customer Number	Zoning	Issue Date
<b>Restrictions</b>			Business Licence Fee
			\$



# CENTRAL SAANICH POLICE SERVICES

1903 Mt. Newton Cross Road Saanichton BC V8M 2A9 phone (250) 652-4441 fax (250) 652-0354

## Business Reference Information Sheet

The information you provide is kept on a confidential reference card for **Police Use Only**.

You or your representative can be contacted in the event of a break and enter/theft from your business after your business is closed.

For this reason, we ask that you keep your information with us current by advising us of any changes that occur.

Business Name		Date
Business Address		Postal Code
Business Telephone Number(s)		Business Email Address

Do you have an Alarm Company?  Yes  No  
 If Yes, provide Name and Phone No. \_\_\_\_\_

Do you have a video camera on the premises?  Yes  No

Hours of operation Monday – Friday \_\_\_\_\_  
 Saturday \_\_\_\_\_ Sunday/Holidays \_\_\_\_\_

Additional information (i.e. safe on premises; secured items like prescription drugs; etc.)

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### Emergency contacts

<b>First Contact Name</b>		Does this person have a key to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Cell Phone No.	Pager No.

<b>Second Contact Name</b>		Does this person have a key to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Cell Phone No.	Pager No.

<b>Third Contact Name</b>		Does this person have a key to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.	Cell Phone No.	Pager No.