



# THE CORPORATION OF THE DISTRICT OF CENTRAL SAANICH

1903 Mt. Newton Cross Road Saanichton BC V8M 2A9 phone (250) 544-4217 fax (250) 652-4737 www.centralesaanich.ca

## Business Licence Application

(Bylaw No. 1409 & Amendments)

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### Business Information

Business Address		City	Postal Code
Business Name			Number of Employees <i>(including applicant)</i>
Bus. Telephone	Bus. Fax	Business Email Address	
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

### Applicant Information

Business Owner(s)/Licencee(s)		Telephone No.
Mailing Address (if different from Business Location)	City	Postal Code

### Business & Type

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

<input checked="" type="checkbox"/>	Check
	Non-Resident
	Daily
	Commercial *
	Intermunicipal
	Farm-Based
	Home-Based <b>Located in a Single Family Dwelling Only</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 business licences 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 December 2016

## 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

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 by fax or phone of any changes that occur.

Business Name		Date
Business Address		Postal Code
Business Telephone Number	Business Fax Number	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.