

BUSINESS LICENCE APPLICATION

Lic. #:

Application must be completed in full – **PLEASE PRINT**. At the time of application, the applicable licence fee, as prescribed in **Schedule A (see over)** of Business Licence and Regulation Bylaw No. 2810, must be paid (**Cash/Cheque**).

BUSINESS CONTACT INFORMATION: (This business information will be made available to the public)	
Business Name:	
Business Address (within Township of Esquimalt):	Postal Code:
Business Phone No.:	Business Email:
Nature of Business:	
Owner/Licencee Name(s):	
Mailing Address (if different from business address):	
Postal Code:	
Contact Person and/or Manager:	Telephone No. (if different from business phone no.):
Business Start Date:	
Classification of Business (indicate one):	
<input type="checkbox"/> Home Crafts - _____ square metres <input type="checkbox"/> Non-Resident <input type="checkbox"/> Commercial - Small (less than 465 square metres) <input type="checkbox"/> Commercial - Large (more than 465 square metres) <input type="checkbox"/> Professional Office <input type="checkbox"/> Garage Sales (more than 3 per calendar year) <input type="checkbox"/> Home Occupations	<input type="checkbox"/> Apartments: Number of apartments for rent _____ <input type="checkbox"/> Pub <input type="checkbox"/> Liquor Sales (off-site consumption) <input type="checkbox"/> Intermunicipal <input type="checkbox"/> Drug Paraphernalia Sales <input type="checkbox"/> Bulk Oil Storage <input type="checkbox"/> Money Lenders
Is this business at a: <input type="checkbox"/> Commercial location? <input type="checkbox"/> Residential location?	
Is this a home-based business? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Total floor area of your home _____ square metres Area for proposed business use _____ square metres	
Is this business located within a Secondary Suite? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Trade Qualification Number:	Vancouver Island Health Authority (VIHA) Inspection Certificate: <input type="checkbox"/> N/A <input type="checkbox"/> Yes (attached) <input type="checkbox"/> No (Call VIHA at 250-519-3648 to ask if required)
Are you renovating or altering the premises? <input type="checkbox"/> YES (If Yes, a Building Permit may be required) <input type="checkbox"/> NO	
Are you planning to erect a sign for your business? <input type="checkbox"/> YES (If Yes, obtain Sign Permit application) <input type="checkbox"/> NO	

I hereby make application for a business licence in accordance with the above particulars and agree to comply with the provisions of the Business Licence and Regulation Bylaw, 2013, No. 2810, as amended from time to time.

Date: _____ Signature of Applicant: _____