



1980 Millstream Road
Victoria, BC V9B 6H1
Phone: 474-1773 Fax: 474-3677

APPLICATION FOR AN INTERMUNICIPAL BUSINESS LICENCE

Name of Applicant: _____
Business Address: _____
City/Postal Code: _____
Legal Description: _____

PLEASE COMPLETE THE PARTICULARS BELOW:

Where is the Business located: Principal Building or Accessory Building
Total Floor Area of Business: _____ square feet
FULL NATURE OF BUSINESS: _____

DECLARATION:

I, [*print name in full*] _____, being the Owner or Operator of [business name] _____ make application for an Intermunicipal Business Licence. I hereby declare that all the statements are true and correct. I undertake to comply with the regulations of the Zoning and Business Licence Bylaws and the amendments thereto.

Date: _____ Signature: _____
Home telephone: _____ Business telephone: _____

OFFICE USE ONLY

Classification _____ Category _____ Application No. _____
Fee _____ Folio Number _____
APPROVALS: Fire _____ Health _____ Building _____ Zoning _____