



# GENERAL – BUSINESS LICENCE APPLICATION

Revenue Department  
 Business Licensing Division  
 City of Victoria  
 1 Centennial Square  
 Victoria, BC V8W 1P6

Account # (office use only)

**Application must be completed in full.** For information, or assistance completing this form, please contact Business Licensing Services **250.361.0572 ext.1** or by email at [businesslicence@victoria.ca](mailto:businesslicence@victoria.ca). You can mail your completed application to the above address. **Please be advised this document is subject to the Freedom of Information and Protection of Privacy Act and access can be requested.**

**PLEASE CHECK ALL THAT APPLY**

<input checked="" type="checkbox"/> New Business	<input type="checkbox"/> Change of Address Within the municipality of Victoria	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Home Based Occupation	<input type="checkbox"/> <b>Home Based Businesses only:</b> Will you be receiving clients at your residence? If yes, please check	<input checked="" type="checkbox"/> Inter-Municipal (This will allow you to work within all 13 municipal boundaries)	<input type="checkbox"/> Building Permit Required (Will you be making any alterations to the premises or changing the use of the premise) Ex: Office to Retail
# of Cash Dispensing Machines: 0	# of Vending Machines: 0	# of Lottery Machines: 0	<input type="checkbox"/> Serving Liquor (Must submit copy of Liquor Licence once received)	<input type="checkbox"/> Out of town (Not allowed to be inter-municipal as you must have a location within one of the municipalities)

Proposed Business Start Date: 06 / 15 / 2018 Number of Employees: 0 (not including owner/s)  
 mm/dd/yyyy

**Business Address:**  
 206-1615 Belmont Ave

**City:** Victoria **Province:** BC **Postal Code:** V8R 3Y9

**Business Phone:** 250-387-3512 **Fax:** 250-387-3512 **Cellular:**

**E-Mail:** info@pacificcomputers.ca **Business Website:** www.pacificcomputers.ca

**Nature of Business:**  
 Computer Consulting

**Business Operating Name:**  
 Pacific Wave Computer Consulting

**Sole Proprietors Name:** (If you plan to operate a business on your own, either under a business name or your own name)

**Partnership Name(s):** (If you plan to operate the business with one or more partners)

**Limited / Incorporated Company Name:** (If you plan to operate the business as a separate legal entity, separate from yourself and your personal assets) Pacific Wave Computer Consulting Inc.

**Society Name:** (If you plan to operate a not-for-profit organization, in which any funds or profits will be used only for the society's purposes)

**Mailing of Address if different from business address:**

**Limited / Incorporated Company / Charitable Organization / Professional Certification**

Incorporation Number: BC1164262 Charitable Organization Number \_\_\_\_\_

- Yes, I have attached documents of Incorporation and Notice of Articles. (Photo copies accepted); or  
 I request that the city obtain the documents of Incorporation and Notice of Articles and acknowledge that I will pay a \$30 fee plus applicable taxes to the City of Victoria for this service.  
 Yes, I have attached a copy of my professional certificate / trades qualification (a professional or trades person that need to be certified to conduct business).

**Please note:** If you are submitting a business licence application for a **restaurant or any establishment which will be serving food/drinks**, you are required to submit **a seating plan and layout of the establishment**, which will include the **number of staff and number of seats** for customers. As well as a layout of the equipment for the Permits and Inspections Department. (Digital pictures will be accepted.)

**Home Based Occupation**

Home Occupation refers to the making, servicing, or repairing goods and the provision of services for hire from a residence. To qualify for a Home Based Business Licence the applicant must reside at the location they are applying for, be the only person engaged in the business and comply with the Home Occupation Bylaw No.84-44 **Schedule D** – Zoning Regulation Bylaw No.80 (attached).

<http://www.victoria.ca/assets/Departments/Planning~Development/Development~Services/Zoning/Bylaws/Schedule%20D.pdf>

**Inter-Municipal Licence**

Businesses in a variety of mobile trades (e.g. caterers, contractors, towing services) can purchase a business licence that is honoured throughout Greater Victoria. Applicants must **purchase this licence from the municipality in which their business office is located, either your home or a commercial location.**

Completion of this application **does not guarantee approval of application.** Approved licences will be issued **only** upon receipt of payment of Business Licence fee. Conducting business without a valid licence is an **offence** for which penalties are prescribed. Be advised that the minimum penalty in this case is a fine of \$250 per day, for each day that the offence continues (Bylaw No. 89-71 Sec. 4(a)).

**IMPORTANT:** This information is being collected for the purpose of determining the applicant's eligibility for a Business Licence in the City of Victoria pursuant to its Bylaw(s). In providing this information, you have consented to its use for the above-described purpose and declare that all the information provided herein is correct. This information may be shared with applicable City of Victoria departments and related agencies for the purpose of required inspections and approval of this licence application. Applicant has read and agrees to comply with the stated regulations and bylaws of the City of Victoria. Licences are effective from January 16 to January 15 of the following year are non-transferable, and the licence fee(s) paid are non-refundable. **I understand I cannot commence business until such time as a business licence has been approved and issued.**

Checklist for applicant:

- Application signed and completed in full ✓
- Documents attached (Incorporation/Certification/Share Purchase Agreement) (if applicable)✓
- Detailed Site Plan/Layout of Business provided (if applicable)✓
- Occupant Load/Floor Plans of Building (if applicable)✓

Applicant's Name (Individual completing form): Robert Gillich

Applicant's Signature: Rob Gillich Date signed: 5/22/2018

Date Stamp for office use only: