



Fee: \$100.00

1980 Millstream Road
 Victoria BC V9B 6H1 Phone: 250-474-1773 Fax: 250-474-3677

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 if 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 _____