



THE CORPORATION OF THE DISTRICT OF OAK BAY
 MUNICIPAL HALL - 2167 OAK BAY AVENUE - VICTORIA, B.C. V8R 1G2
 PHONE (250) 598-3311 FAX (250) 598-9108 WWW: www.district.oak-bay.bc.ca

APPLICATION FOR A BUSINESS LICENSE

Name of Applicant _____

Home Address _____ Postal Code _____

Business Address _____ Postal Code _____

[Please indicate preference for receiving mail] Home _____ Business _____

Is this business registered with the Registrar of Companies? Yes _____ No _____

PLEASE COMPLETE THE PARTICULARS BELOW

Total floor area of business _____ s.f.

Number of persons engaged in the business in Oak Bay _____

Number of rental units [e.g. apartments, boats, etc.] _____

Number of units rented _____

FULL NATURE OF BUSINESS _____

DECLARATION

I, [print full name] _____, being the Owner or Operator of [business name] _____ make application for a business license. I hereby declare that all the statements are true and correct. I undertake to comply with the regulations of the Business License By-law and the amendments thereto.

Date _____ Signature _____

Home Telephone _____ Business Telephone _____

Trade Certification [Plumbers, Electricians, Gas Fitters] _____

===== DO YOU WISH TO BE LISTED ON THE MUNICIPALITY'S WEB PAGE? Yes _____ No _____

Our Web Page may be visited at <http://www.com/oakbay>

DO YOU HAVE A WEBSITE FOR YOUR BUSINESS? Yes _____ No _____

If YES, what is the URL (a link will be included on Oak Bay's site)

http://_____

OFFICE USE ONLY

Classification _____ Category _____ FEE _____

Residence Code _____ FOLIO NUMBER _____

Approvals: Police _____ Fire _____ Health _____ Building _____ Zoning _____ Licensing _____