



**TOWN OF SIDNEY**

2440 Sidney Avenue, Sidney BC V8L 1Y7  
Telephone: (250) 656-1725; Fax: (250) 655-4508

**BUSINESS LICENCE APPLICATION**

**Application Date:** \_\_\_\_\_

**Business Start:** \_\_\_\_\_

**This is an application for a (Check all that apply):**

New Business  Intermunicipal Licence  Change of Ownership  Change of Name

**Business Name:** *(include incorporated name or LTO name also Trade Name if different)*

**Nature of Business:** *(Describe nature of Business and Use of Premises)* \_\_\_\_\_ **No. of Sq. Meters** \_\_\_\_\_

**Owner(s)/Licencee(s)** \_\_\_\_\_

**Type of Business:** Home Occupation  Industrial  Commercial  Non Resident   
*(See Attached Form)*

CCRA Business No. \_\_\_\_\_ Trade Qualification No. \_\_\_\_\_

CRD Health Authority Approval - *Café/Restaurant Only (Attached)* \_\_\_\_\_

Are you renovating or altering the premises No  Yes  If Yes, Building Permit Required

Are you installing a Sign (Refer to Building Officials) No  Yes  If Yes, Sign permit Required

**Business Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Business Telephone No.:** \_\_\_\_\_ **Business Fax No.:** \_\_\_\_\_

**Local Contact No.:** \_\_\_\_\_ **Emergency Telephone No.:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
*(Please print Name)*

**IMPORTANT NOTICE**

By submitting the Business Licence Application, the above named applicant hereby declares that all the above information is correct and that they will comply with the Bylaws and Regulations of the Town of Sidney.

**This Section for Office Use Only**

**Approval**

**Comments**

**Date**

Licence Inspector: \_\_\_\_\_

Building Official: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Business Licence No. \_\_\_\_\_ Fee \_\_\_\_\_  
Less Pro Rate - August 1 \_\_\_\_\_  
Fee \_\_\_\_\_

**BUSINESS LICENCE APPLICATION  
FOR HOME OCCUPATION BUSINESS LICENCE**

Please indicate if you are Owner/Tenant      OWNER       TENANT

**This form is to be completed by the applicant who will be doing business from a residence in the Town of Sidney ONLY.**

The premises will be used as a: **HOME OFFICE**  or please describe: \_\_\_\_\_

In my place of residence at: \_\_\_\_\_

This application verifies that I do not require a space in a commercial building to carry on this business and wish to use my place of residence as my business address. **Home Occupation** means a business carried out by one or more persons residing in a dwelling unit in an office, studio, or workroom that is a portion of the dwelling unit.

The following conditions also apply:

1. **Home Occupations are permitted provided that they -**
  - (a) Have only permanent residents of the dwelling unit engaged in the business;
  - (b) Do not use any equipment or process which creates noise, vibration, glare, fumes, odors, dust, smoke, or electrical interference detectable outside of the dwelling unit to the normal senses. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any radio or television receivers off the premises, or causes fluctuations in live voltage outside of the dwelling unit;
  - (c) Do not involve the display or sale of goods, wares, merchandise or foodstuffs;
  - (d) Do not change the outside appearance of the dwelling unit, or create other visible evidence of their existence other than a sign;
  - (e) Involve no external storage of materials, containers, finished products or equipment;
  - (f) Do not generate vehicle traffic, parking or loading in greater volumes than would normally be expected in a residential neighbourhood;
  - (g) Are clearly incidental and subordinate to the residential use of the lot, and do not exceed more than 10% of the gross floor area of the dwelling unit, except for buildings less than 134.0 square metres where they may occupy up to 13.0 square metres;
  - (h) Are conducted wholly within the dwelling unit;
2. **A home occupation involving one of the following: Personal service establishments, medical offices, dental offices, and denturists are also permitted provided that they:**
  - (a) Meet the requirements of Item 1;
  - (b) Are located only in a single- or two-family dwelling;
  - (c) Are not located within a single-family dwelling containing a secondary suite dwelling or within a secondary suite dwelling;
  - (d) Have an entrance separate from that of the residential component of the dwelling unit; and
  - (e) Have no more than two customers or clients in the unit at one time.

The specific location of the business within the premises is (basement, main floor, etc.) \_\_\_\_\_

For a dwelling unit within a strata corporation, Strata Council authorized signature \_\_\_\_\_

For a non-owner resident, Owner's signature required \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**PLEASE PRINT LAST NAME:** \_\_\_\_\_

**DATED:** \_\_\_\_\_