

TOWN OF SIDNEY

2440 Sidney Avenue Sidney BC V8L 1Y7 Phone: 250-656-1725 | Fax: 250-655-4508 Email: licensing@sidney.ca

Account #	
Licence #	

BUSINESS LICENCE CHANGE OF INFORMATION

Change of Business Name	Relocate Business to New Address:	Change Business Mailing Address:	
Change to Contact Information:	Other (please specify)		
.icensee: (means the person(s) or of the business)	company to whom the Business Licen	nce will be issued to and the address loca	
Last Name:	First Name:	First Name:	
Last Name:	First Name:		
Company Name:			
Business Address:			
City:	Province:	Postal Code:	
		-	
Business Phone: (public number)	Cell:	Alternate Phone: (Optional)	
Email Address:		L	
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Company Name: (ine operating name a	nd mailing address of the business)		
Company Name.			
	ddress]		
Mailing Address: [Same as business ad		Postal Codo:	
Mailing Address: [Same as business ad	ddress] Province:	Postal Code:	
Mailing Address: [Same as business ad		Postal Code: Alternate Phone: (Optional)	
Mailing Address: [Same as business ad City: Business Phone: (public number)	Province:		
Mailing Address: [Same as business ad City: Business Phone: (public number) Email Address:	Province: Cell:	Alternate Phone: (Optional)	
Mailing Address: [Same as business ad City: Business Phone: (public number) Email Address: mergency Contact: (Required – w	Province:	Alternate Phone: (Optional)	
Mailing Address: [Same as business ad City: Business Phone: (public number) Email Address: mergency Contact: (Required – Material Name:	Province: Cell: vill be provided to the Fire Department First Name:	Alternate Phone: (Optional)	
Mailing Address: [Same as business ad City: Business Phone: (public number) Email Address: Imergency Contact: (Required – Mathematical Research	Province: Cell: vill be provided to the Fire Department	Alternate Phone: (Optional)	
Mailing Address: [Same as business ad City: Business Phone: (public number) Email Address: Imergency Contact: (Required – w Last Name:	Province: Cell: vill be provided to the Fire Department First Name: Cell:	Alternate Phone: (Optional)	
Mailing Address: [Same as business ad City: Business Phone: (public number) Email Address:	Province: Cell: vill be provided to the Fire Department First Name: Cell:	Alternate Phone: (Optional)	

By signing below, you confirm that you have read and understand the following information:

BUSINESS SIGNAGE:

The Town has a Sign Bylaw that regulates sign types, dimensions and the number of permitted signs; however, a Sign Permit is no longer required. Any signage proposed for the business must meet the requirements of the Town's Sign Bylaw. Town staff are available to review any proposed signage to confirm whether it complies with the bylaw requirements. The Town's Sign Bylaw and map can be found on the Town's website.

RENOVATING OR ALTERING PREMISES:

If the location of the business will be renovated or altered to accommodate the proposed business activities, please consult with Town staff to determine if any permits are required (i.e. a Building, Plumbing, or Development Permit).

CONDITIONAL USES:

Be advised that the Town's <u>Zoning Bylaw</u> and <u>Business Licence Bylaw</u> contain specific conditions for certain types of business uses (e.g. there are specific conditions for home occupations and Short Term Rentals). Consult with Town staff on specific conditions that will apply to the business.

STRATA PROPERTIES:

If the business is located within a strata property be advised that it is the responsibility of the business owner to confirm that the proposed business activities comply with strata bylaws.

TENANTS:

If the property is rented or leased, be advised that it is the responsibility of the business owner to confirm that the proposed business activities are approved by the property's owner.

Application completed by:				
Signature	Print Name			
Position	Date			

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.

Approval	Signature	Date
Planning Department		
Building Inspector		
Fire Department		
Licence Inspector		

Personal information provided on this form is collected under the *Community Charter, Business Licence Bylaw* and *Freedom of Information and Protection and Privacy Act* and will be used only for the purposes related to your application. Business Licences issued as a result of the application and business contact information will be routinely available to the public including business owner, address, business email and telephone provided. Questions regarding collection and disclosure of this information may be referred to the Administration Department at 250-656-1139 or at admin@sidney.ca.