

# District of Saanich Business Licence Change Request Form



**Business Account Number:**

**Change Type (check one)** Note: Application must be completed in full.

- Business Name   
  Contact Information (Email or Phone Number)   
  Mailing Address   
  Closing Account

**Note: If the business location has moved. Please fill out a business application form.**

|   |  |  |             |
|---|--|--|-------------|
| <b>Business Name:</b>                   |  | <b>Business Account Number or Business Licence Number:</b> |             |
| <b>Applicant(s) Contact Information</b> |  |  |             |
| First Name                              |  | Last Name  |             |
| Email:                                  |  | Phone Number:  |             |
| First Name                              |  | Last Name  |             |
| Email:                                  |  | Phone Number:  |             |
| <b>Business Information</b>             |  |  |             |
| Mailing Address                         |  | City   | Postal Code |

By submitting this change request form, the listed applicant hereby declares that all the information is correct and that they will comply with the bylaws and regulations of The District of Saanich.

\_\_\_\_\_  
**Applicant's Signature**
\_\_\_\_\_
\_\_\_\_\_  
**Print Name**
**Date**

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at 770 Vernon Avenue, Victoria BC V8X 2W7 t. 250-475-1775, email foi@saanich.ca