

TOWN OF SIDNEY

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

Account #	
Licence #	

2025 BUSINESS LICENCE RENEWAL FORM

Please complete this form and email it to developmentservices@sidney.ca. This will assist in ensuring relevant information is on file for your Business. If other information has changed such as ownership or location please submit a Change of Information form which can be obtained at www.sidney.ca or at Municipal Hall.

Business Information:							
Company:							
Business Address:							
Business Address Line 2: (optional)							
City:	Province:	Province:		Postal Code:	Postal Code:		
Business Phone: (public number)	Cell:	Cell:		Alternate Phone:	Alternate Phone: (Optional)		
Email Address:							
Emergency Contact: (Required) (T	his informatio	n is pro	ovided to the Fi	re Department)			
Last Name:		First Name:					
Contact Phone:	Cell:	Cell:		Email:	Email:		
Secondary Emergency Contact: (C	Optional)						
Last Name:			First Name:				
Contact Phone:	Cell:	Cell:		Email:			
Please	e complete the	relevan	t information for	the business:			
CRA Business Number			BC Incorporation Number				
Non-Profit Number			Trade Qualification Number				
Size of business area (ft²)			# of employees				
# of seats (inside)*			# of seats (outside)**				
# of parking spaces			# of children (daycare/child care facility)				
# of rental units (rental buildings)		# of marina slips					
# of vending machines			# of quarters/seasons (if seasonal)				
	Fo	orm con	npleted by:				
Signature			Print Name				
Position		Date					

By submitting this form to the Town, 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.