



NEW BUSINESS LICENSE APPLICATION

NOTE: ALL fields must be completed before the application can be processed. If any fields are irrelevant to your business, please indicate by entering N/A.

BUSINESS INFORMATION					
BUSINESS NAME:					
BUSINESS DESCRIPTION:					
STREET ADDRESS:		TOWN/CITY		POST CODE	
MAILING ADDRESS:		TOWN/CITY		POST CODE	
PHONE (BUSINESS):		FAX:			
WEBSITE:		EMAIL:			
PRIMARY OWNER INFORMATION					
NAME:				TITLE:	
PHONE # (HOME):		(CELL):			
SECONDARY OWNER INFORMATION					
NAME:				TITLE:	
PHONE # (HOME):		(CELL):			
PRE-REQUISITES					
The following permits or certificates should be attached to your application IF your business requires you to obtain them.					
CALGARY HEALTH REGION #		REQUIRED		ATTACHED	
FIRE INSPECTION #		REQUIRED		ATTACHED	
LIQUOR LICENSE #		REQUIRED		ATTACHED	
A.M.V.I.C. LICENSE #		REQUIRED		ATTACHED	
CERTIFICATION #		REQUIRED		ATTACHED	
OTHER		REQUIRED		ATTACHED	

BUSINESS LICENSE FEES (annual unless otherwise stated)

COMMERCIAL (STORE FRONT) _____ (\$50.00) **HOME BUSINESS (WITHIN TOWN)** _____ (\$50.00)

NON RESIDENT _____ (\$50.00) **PEDDLAR/HAWKER/VENDOR** _____ (\$25.00 /month or \$100.00 / year)
(Includes: Contractors)

PEDDLARS PROVINCIAL LICENSE # (MEAT/PRODUCE) _____

Annual Business License(s) are valid from January 1st to December 31st – Bylaw 8:2015

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY			
<input type="checkbox"/> NEW LICENSE	<input type="checkbox"/> TRANSFER	LICENSE #	
RECEIPT #		AMOUNT PAID	

It is an offence to falsify information on this application.

IN ACCORDANCE WITH BUSINESS LICENSE BYLAW 8:2015

This personal information is being collected under the authority of the Municipal Government Act, Section 7(e) and will be used to administer municipal business licensing activities, and promote local business. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions, please contact FOIP Coordinator, 222 – 2nd St, Irricana, AB, T0M 1B0, (403) 935-4672.