

Town of Irricana  
PO Box 100  
222 – 2 Street  
Irricana, AB T0M 1B0

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Email: [Irricana@Irricana.com](mailto:Irricana@Irricana.com)  
Web: [www.irricana.com](http://www.irricana.com)

Business Information:		
Business Name:		
Business Description:		
Physical Address:	Town/City:	Postal Code:
Mailing Address:	Town/City:	Postal Code:
Phone (Business):	Fax:	
Website:	Email:	

Primary Owner Information:	
Name:	Title:
Phone (Home):	Phone (Cell):
Secondary Owner Information:	
Name:	Title:
Phone (Home):	Phone (Cell):

Pre-Requisites:		
<i>The following permits or certificates should be attached to your application <u>IF</u> your business requires you to obtain them.</i>		
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 can be found on our Master Rates Bylaw – Bylaw 005:2024  
Annual Business License(s) are valid from January 1<sup>st</sup> – December 31<sup>st</sup> – Bylaw 006:2021**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**It is an offence to falsify information on this application.**

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