



Business License Application

Date: _____

Application # _____

SECTION 1: BUSINESS ACTIVITIES

Describe Business Activities: (explain how the business will operate and list services provided)

Previous Business License # _____

SECTION 2: BUSINESS AND/OR MARKET/TRADESHOW ADDRESS

Business Operating Address OR Market/Tradeshow Address:

_____ / _____ / _____ / _____ / _____ / _____

Unit

Civic Number

Street Name

City

Prov

Postal Code

Business Mailing Address (if different from above)

_____ / _____ / _____ / _____ / _____ / _____

Unit

Civic Number

Street Name

City

Prov

Postal Code



SECTION 3: BUSINESS CONTACT INFORMATION

Preferred Method of Contact: (Circle One)

POSTAL MAIL

EMAIL

APPLICANT Name: _____ Role: _____

Address

_____/_____/_____/_____/_____/_____

Unit

Civic Number

Street Name

City

Prov

Postal Code

Phone: (_____) _____ Email: _____

Preferred Method of Contact: (Circle One)

POSTAL MAIL

EMAIL

OWNER Name: _____ Role: _____

Address

_____/_____/_____/_____/_____/_____

Unit

Civic Number

Street Name

City

Prov

Postal Code

Phone: (_____) _____ Email: _____

Preferred Method of Contact: (Circle One)

POSTAL MAIL

EMAIL

KEY CONTACT Name: _____ Role: _____

Address

_____/_____/_____/_____/_____/_____

Unit

Civic Number

Street Name

City

Prov

Postal Code

Phone: (_____) _____ Email: _____



SECTION 4: BUSINESS OPERATING INFORMATION

Business Legal Name: _____

Business Operating As Name: _____

Business Phone: (____) _____ Business Fax: (____) _____

Business Email: _____

Select One: RESIDENT NON-RESIDENT

- Commercial Location
- Home Based Business
- Home Occupation
- Day Home
- Markets/ Tradeshows*
- Goods under \$1000.00 per unit
- Goods over \$1000.00 per unit
- Contract Services offered
- Tradeshow*

Exempt from fee
Reason for Fee Exemption (proof may be required): _____

*Name of Market/Tradeshow: _____

Business Industry: _____

Business Category: _____

# of Employees <input type="text"/>	Business Open Date <input type="text"/>	Business Registration Identification # <input type="text"/>
Provincial License # <input type="text"/>	Provincial License Expiry Date <input type="text"/>	Agency Business License # <input type="text"/>
Development Permit # <input type="text"/>	Approved by Fire Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Permit <input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Please Print) _____

Authorized Signature _____



SECTION 5: Certificate Information (if applicable)

Please provide the certification number that permits you to operate as a certified professional in the Province of Alberta. (E.G. plumbing and gas Journeyman certificate number, Electrical Masters Certification, etc.). If business owner is not a Master Electrician, authorization from the Master Electrician is required. *Note: proof of certification may also be required.*

Certified Profession: _____ Certification Number: _____

Certificate Holder Name: _____ Expiration date: _____ (if applicable)

SECTION 6: Required Supporting Documents (please check the documents you are submitting)

- | | |
|---|---|
| <ul style="list-style-type: none">○ Alberta Gaming and Liquor Commission (AGLC)○ Alberta Health Services Certificate○ Alberta Motor Vehicle Industry Council (AMVIC)○ Approved Development Permit○ Certificate of Title○ Fire Inspection Report○ Lease Agreement○ Letter of Authorization○ Home Occupation Declaration Form | <ul style="list-style-type: none">○ Non-profit registration○ Occupancy Certificate○ Provincial Certification○ RCMP Clearance○ Taxi License Number○ The Association of Professional Engineers and Geoscientists of Alberta (APEGA)○ Trade Certification Number |
|---|---|

A non-refundable license fee is required before an application can be processed

VISA, MasterCard, Debit, Cheque or Cash payments are accepted.

Section 7: Payment Information

Credit Card # _____ Expiry Date _____

Name (Please Print) _____

Authorized Signature _____

Receipt # _____