



# REGIONAL MUNICIPALITY OF WOOD BUFFALO

## 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 ADDRESS

Business Operating Address OR Market/Tradeshow Address:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Unit

**Civic Number**

Street Name

### City

Prov

Postal Code

Business Legal Address (if applicable):

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sec

### Township

## Range

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REGIONAL MUNICIPALITY  
OF **WOOD BUFFALO**

### 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: \_\_\_\_\_

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## 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
- Exempt from fee

Reason for Fee Exemption (proof may be required): \_\_\_\_\_

\*Name of Market/Tradeshow: \_\_\_\_\_

Date of Market/Tradeshow: \_\_\_\_\_

Business Industry: \_\_\_\_\_

Business Category: \_\_\_\_\_

# of Employees

Business Open Date

 

Business Registration Identificat

Provincial License #

Provincial License Expiry Date

 

Agency Business License #

Development Permit #

Approved by Fire Inspection

 Yes  No

Health Permit

 Yes  No

Name (Please Print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_



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

Name (Please Print) \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Receipt # \_\_\_\_\_

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