



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):

_____/_____/_____

Section

Township

Range



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: _____

The personal information on this form is authorized under Section 4(c) of the *Protection of Privacy Act* and is managed in accordance with the *Act*. The personal information will be used as contact information and to process your application. If you have questions about the collection or use of your personal information, please contact PULSE at 780-743-7000, 1-800-973-9663, or online at rmwb.ca/pulse.



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: _____

Date of Market/Tradeshow: _____

Business Industry: _____

Business Category: _____

of Employees

Business Open Date

Business Registration Identification

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 _____



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: _____ CVV: _____

Name (Please Print) _____ Authorized Signature _____

Receipt # _____

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