

RESIDENT BUSINESS LICENSE APPLICATION

Date Received: _____

Customer Code: _____

License #: _____

BUSINESS INFORMATION:

New Change of Information Reactivate Inactive License Change of Ownership

Legal Business Name: _____

Operating Name: _____

Name of Applicant: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____

Website: _____ Business Email: _____

Manager Name: _____ Manager Contact Number: _____

Please list the products and services that this business offers

Approved Development Permit #: _____

*Development Permit approval is needed prior to obtaining a Business License for any proposed Business

of f/t employees @ this business _____ # of p/t employees @ this business _____

What is the business classification (type of business): _____

What date will the business begin operating within the Town: _____

Is this business registered through the Provincial Registrars Office: Yes No

Does this business do door to door sales: Yes No
If yes, a copy of the Alberta Direct Sellers License is required.

Does this business have Alberta Health Services (AHS) Approval: Yes No
If applicable, a copy of the AHS Approval is required.

Does this business have Alberta Gaming & Liquor Commission (AGLC) Approval: Yes No
If applicable, a copy of the AGLC Approval is required.

Note: Prior to issuance of a Business License and where applicable, compliance with any/all conditions and/or requirements of any permit approvals shall occur. You are not authorized to operate your business until you have obtained your approved Business License. The granting of this Business License shall in no way relieve the owner from complying with the requirements of the Town of Blackfalds current Business License Bylaw or any other Bylaws of the Town of Blackfalds, or other Provincial or Federal Statutes or Regulations in force.

***Any renovations or signage requirements for this use may require a separate permit application.**

Personal information provided as part of this application will be used for the sole purpose of business license issuance. The information is collected under the authority of Section 4(c) of the *Protection of Privacy Act* and will be protected under Part 1 of the Act. The Town may request input from Town employees, Alberta Health Services, Blackfalds RCMP and/or Alberta Gaming & Liquor Commission to properly assess this application or determine appropriate conditions if any for this license. Written consent is required for these purposes and will allow the Town to disclose information provided in this application to the named entities, pursuant to Section 13(1)(c) of the *Protection of Privacy Act*. Questions regarding the collection, use and disclosure of this information may be directed to the Information Governance Coordinator at access@blackfalds.ca or by phone at 403.885.6370.

BUSINESS OWNER INFORMATION:

First name _____ Last name _____

Phone number _____ Email address _____

Signature _____ Date _____

Check this box if you do not wish to have your business contact information included in business listings compiled by the Town of Blackfalds for economic development purposes.

I hereby certify all information with this application is true and correct and that any misleading information may result in the refusal or revocation of such business license.

I certify that I will abide by all regulations after I have received my Business License, knowing that failure to comply may result in penalties or revocation of license.

RESIDENT LICENSE CATEGORIES AND FEES:

Business License Transfer	\$36.30
Daily Rate	\$60.50
Residential Business: Direct Seller	\$110.00
Home-Based Business	\$110.00
Sub Contractor: resident	\$133.10
Residential Business: Commercial / Retail or Industrial	\$133.10
Public Market	\$133.10
Trade Show: resident	\$133.10 (per event)
General Contractor: resident	\$199.65

NOTE: above prices **include** a 10% Economic Development Initiative Fee that is charged to assist with specific projects aimed at enhancing economic development in the Town of Blackfalds.

FOR OFFICE USE ONLY	
Receipt #:	Pro Rated (after September 1): <input type="checkbox"/> Yes <input type="checkbox"/> No
Issue Date:	Issued By: