

<b>Business License Information Update</b>	<b>2020 Business License #</b>
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Business Name, Company Name or Trade Name (operating as):	
Registered or Corporation Name (ie 00000 AB Ltd.):	
Class Type:	Organization Type:
Account #:	Development Permit #:

**Physical Location of Business – Contact Information**

Physical Address of Business:		Roll #:
Mailing Address (if different than above):		
Town/City:	Province:	Postal Code:
Business Phone:	Alternate Phone:	Business Fax:
Business Website:		
Main Business Email:		
Owner Name:		
Phone:	Email:	
Secondary Contact Name:		
Secondary Contact Phone:	Email:	

**Business Directory Listing**

If you checked Yes, please supply us with a description of your business for promotional purposes in 50 words or less:	Entered to Town Directory:
	Town initial

**Requirements (as applicable)**

**Please note that copies of all licenses, permits, certificates and other documents of qualification required under this or any other Bylaw or under any statute of Canada or Province of Alberta must be attached to this application (see below)**

Alberta Health Services Food Handling Permit <input type="checkbox"/> Alberta Health Services – Personal Services <input type="checkbox"/> AMVIC <input type="checkbox"/> Alberta Gaming, Liquor and Cannabis Commission <input type="checkbox"/> Pre Fire Inspection <input type="checkbox"/>	Hazardous Material on site: <input type="checkbox"/> Gasoline <input type="checkbox"/> Flammable Paint <input type="checkbox"/> Propane <input type="checkbox"/> Other (please specify): _____
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**Name of business owner (print):** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

I confirm the information provided herein is true and accurate to the best of my knowledge.

<b>FOR TOWN USE ONLY</b>	
Received By:	Application Complete:    Yes <input type="checkbox"/> No <input type="checkbox"/> See Reason below
Fee Paid:	Reason Not Approved:
Receipt #:	
Business License Mailed on:	Exempt:    Yes <input type="checkbox"/> No <input type="checkbox"/> See Reason below
Date License Approved:	Reason Exempt:
Signature of Licensing Officer:	