

## RESIDENT BUSINESS LICENSE APPLICATION

Date Received:	Customer Co	Customer Code:	
	License #:		
BUSINESS INFORMATION:			
New Change of Information	Reactivate Inactive License Change of O	wnership	
Legal Business Name:			
Operating Name:			
Name of Applicant:			
Business Phone:	Business Fax:		
Mailing Address:	City:		
Province:	Postal Code:		
Website:	Business Email:		
Manager Name:	Manager Contact Numbe	r:	
Home Based Business Approved De	evelopment Permit #:		
• •	or to obtaining a Business License for any Hom		
# of f/t employees @ this business _	# of p/t employees @ this	s business	
What is the business classification (t	ype of business):		
What date will the business begin op	perating within the Town:		
Is this business registered through th	ne Provincial Registrars Office:	Yes No	
Does this business do door to door s If yes, a copy of the Alberta Direct S		Yes No	
Does this business have Alberta Hea If applicable, a copy of the AHS App	` ,	Yes No	
Does this business have Alberta Gan If applicable, a copy of the AGLC A	ning & Liquor Commission (AGLC) App pproval is required.	roval: Yes No	

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.

FOIP Notification Statement: Personal information on this form is collected under the authority of S.33 (c) of the Freedom of Information & Protection of Privacy Act (FOIP) and will be used for the sole purpose of business licensing. The Town may request input from Town employees, Alberta Health Services, Blackfalds RCMP &/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 S.40(1)(d) of the FOIP Act. Personal information will be protected from unauthorized access, collection, use, and disclosure in accordance with FOIP, and may be reviewed and corrected upon request. Questions regarding the collection, use and disclosure of this information may be directed to the Records Management & FOIP Coordinator, Box 220, 5018 Waghorn St., Blackfalds AB, T0M 0J0; 403.885.6370; foip@blackfalds.com



BUSINESS OWNED INFORMATION.

DOUNTED OWNER IN ORMATION.	
First name Last	name

Phone number	Email address	
Signature	Date	
	ot wish to have your business contact information included in by the Town of Blackfalds for economic development purposes	3.
	on with this application is true and correct and that any misleadi e refusal or revocation of such business license.	ing

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 CATGEGORIES 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
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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):	☐ Yes	☐ No		
Issue Date:	Issued By:				

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