

BUSINESS LICENSE APPLICATION

Completion of this form does not guarantee approval of a business license. Business shall not commence prior to a license being issued. Additional permits (e.g. building, development, home occupation, etc.) may also be required.

Contact Alberta Government Services at 310-0000 then 780-422-1335 (Licensing Unit) or www.servicealberta.ca to determine if a Provincial license is required for the proposed business. Inspection by a health inspector may also be required; contact the Community Health Centre at 624-7500.

BUSINESS INFORMATION

PLEASE PRINT

Operating Name: _____

Legal or Registered Name (if applicable): _____

Alberta Provincial License (if applicable): _____

Physical Location of Business: _____

Business Phone No.: _____ Business Fax No.: _____

Nature of Business: _____

Email: _____

If home occupation, indicate if business will be: Primary Income Secondary Income Public Listing

Please check public listing box if you wish to release your business details with regular business license listings.

BILLING / MAILING ADDRESS

Address: _____ Postal Code: _____

Phone No. (if different than above): _____ Fax No. (if different than above): _____

BUSINESS OWNER

Name: _____ Phone No.: _____

Address: _____ Postal Code: _____

PROPERTY OWNER (if different from Business Owner)

Name: _____ Phone No.: _____

The Town does not accept responsibility for businesses located on rental premises that do not have the approval of the property owner.

APPLICANT

Name: _____ Phone No.: _____

Address: _____ Postal Code: _____

License fees apply to the calendar year January 1 to December 31. **All licenses, with the exception of day licenses, are automatically renewed and invoiced at the beginning of each year**, unless written notice is received indicating that business has ceased operation as of December 31 of the previous year. Notice must be received within the first thirty (30) days.

The Licensee must notify the Town immediately of any changes to the information listed above. The Town reserves the right to request that changes be submitted in writing. Transfers of licenses are subject to a transfer fee. Changes in the physical location of a business may require submission of new development or home occupation permits.

Please refer to the Business Licensing Bylaw No. 1776, and any amendments thereto for additional requirements.

Applicant Signature: _____ **Date:** _____

Applicant must be authorized to sign on behalf of the Licensee.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP)

Section 40(1)(bb.1) of the Freedom of Information and Protection of Privacy Act allows a public body to disclose business contact information. The Town of Peace River may disclose the business contact information listed to the public. If you have any questions, please contact the Town's FOIP Information Officer at 624-2574.

OFFICE USE ONLY

New Business Transfer of Business License No.: _____

Customer ID: _____

Tax Roll: _____ Development Permit No.: _____

License Fee: Full Year Half Year Other (specify): _____

If Home Business: Primary Income Secondary Income

License Type: Resident Regional Non-Resident

License Fee: \$ _____ Receipt #: _____ Date Paid: _____

Additional Information/Requirements: _____

Issued By: _____ Date: _____