

RESIDENT BUSINESS LICENSE APPLICATION

Date Received:	Customer	Code:
	License #:	
BUSINESS INFORMATION:		
New Change of Information Reactive	ate 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 Num	nber:
Approved Development Permit #:		proposed Business
# of f/t employees @ this business		
What is the business classification (type of		
What date will the business begin operating	g within the Town:	
Is this business registered through the Prov	incial Registrars Office:	Yes No
Does this business do door to door sales: If yes, a copy of the Alberta Direct Sellers L	icense is required.	Yes No
Does this business have Alberta Health Ser If applicable, a copy of the AHS Approval is	, ,	Yes No
Does this business have Alberta Gaming & I If applicable, a copy of the AGLC Approval	. ,	.pproval: 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 OWNER INFORMATION:				
First name	Last name			
Phone number				
Signature	Date			
business listings compiled by the Tollings I hereby certify all information with the information may result in the refusal I certify that I will abide by all regula	have your business contact information included in own of Blackfalds for economic development purposes. his application is true and correct and that any misleading or revocation of such business license. ations after I have received my Business License, 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
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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