

## BUSINESS LICENSE APPLICATION

For Of	fice Use Only
Date of Receipt:	
Accepted By:	
DP No.:	
Tax Roll No.:	
□Renewal □ New [	☐ Info Change ☐ Exempt

						New 🗀 IIIIo C	mange   Litempt
1.	Ву	checking this box, I	acknowledge th	nat I have obtain	ed all necessary Munic	ipal approvals:	
		Development Per	mit Number ("D	P"):			
		Business Descript Industrial Storage	•		rmit Decision (e.g., Co	ommercial Kenr	nel, Commercial Arena
2.	Busi	iness Details					
	Lega	al Business Name (if	registered corp	oration):	Operating Busines	s Name (if diffe	rent from legal name):
	Mai	ling Address:			Email:		
					Business Phone:		
	Post	tal Code:			Cell Phone:		
		ufacturing"\			- Sporting Goods and		k Gas –
		usiness name would			_	е 🗆 Ор	erating Name
3.	Leg	gai Description, Phys	sicai Address an	id Land Ose Deta	iis of business		
	a.	All/part of the					W5M
			¼ Section	Section	Township	Range	
	b.	All/part of	Lot	Block	Plan		
	c.	Physical Address:					
	d.	How is the land zo	oned? (e.g. Agric	cultural, Hamlet			

Business Information a. Years in Business: b. Years at current location: c. Do you rent or own business premises: d. Tax Roll Number:  e. EMPLOYEES Number  Full Time Part Time Administration  Skilled Unskilled  Unskilled  Type of Ownership  Sole Proprietorship Partnership Limited Corporation (Ltd./LLC) Not-For-Prof  Locally Owned Franchise Branch Other  Business Contact  Business Owner Name(s): Email: Home Phone: Business Owner Address:  Postal Code:	гуре	of Business				
a. Years in Business: b. Years at current location: c. Do you rent or own business premises: d. Tax Roll Number:  e. EMPLOYEES Number  Full Time Part Time Administration Skilled Unskilled  Unskilled  Type of Ownership  Sole Proprietorship Partnership Limited Corporation (Ltd./LLC) Not-For-Proficular Control Control  Business Contact  Business Contact  Business Owner Name(s): Email: Home Phone: Business Owner Address:					□ HOME-BA	SED
b. Years at current location:  c. Do you rent or own business premises:  d. Tax Roll Number:  EMPLOYEES   Number    Full Time    Part Time    Administration    Skilled    Unskilled    Unskilled    For Part Proprietorship   Partnership   Limited Corporation (Ltd./LLC)    Business Contact    Business Contact    Business Owner Name(s):  Email:  Home Phone:   Cell Phone:  Business Owner Address:	Busi	ness Information				
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d. Tax Roll Number:  e. EMPLOYEES Number  Full Time  Part Time  Administration  Skilled  Unskilled  Unskilled  Unskilled  Limited Corporation (Ltd./LLC) Not-For-Prof  Locally Owned Franchise Branch Other  Business Contact  Business Owner Name(s): Email: Home Phone: Business Owner Address:	b.	Years at current location	·			
e. EMPLOYEES   Number   Full Time						
Full Time Part Time Administration Skilled Unskilled Unskilled  Type of Ownership  Sole Proprietorship Partnership Limited Corporation (Ltd./LLC) Not-For-Proful Cocally Owned Franchise Branch Other  Business Contact  Business Owner Name(s): Email: Home Phone: Cell Phone: Business Owner Address:	d.	Tax Roll Number:				
Full Time Part Time Administration Skilled Unskilled  Type of Ownership  Sole Proprietorship Partnership Limited Corporation (Ltd./LLC) Not-For-Prof Locally Owned Franchise Branch Other  Business Contact  Business Owner Name(s): Email: Home Phone: Cell Phone: Business Owner Address:	e.	EMPLOYEES	Number			
Part Time Administration Skilled Unskilled  Type of Ownership  Sole Proprietorship Partnership Limited Corporation (Ltd./LLC) Not-For-Prof Locally Owned Franchise Branch Other  Business Contact  Business Owner Name(s): Email: Home Phone: Cell Phone: Business Owner Address:						
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Sole Proprietorship Partnership Limited Corporation (Ltd./LLC) Not-For-Prof	<b>T</b>	of Own ambia				
□ Locally Owned □ Franchise □ Branch □ Other  Business Contact  Business Owner Name(s): Email: Home Phone: Business Owner Address:	туре	of Ownership				
Business Contact  Business Owner Name(s): Email: Home Phone: Business Owner Address:		Sole Proprietorship	Partnership $\Box$	Limited Corp	oration (Ltd./LLC)	☐ Not-For-Profit
Business Owner Name(s):  Email:  Home Phone:  Business Owner Address:		☐ Locally Own	ed 🗆 Franchise	☐ Branch	□ Other	
Email: Home Phone:  Business Owner Address:  Cell Phone:	Busi	ness Contact				
Email: Home Phone: Cell Phone: Business Owner Address:	В	usiness Owner Name(s):				
Business Owner Address:						
	Н	Iome Phone:		Cell Pho	ne:	
	В	usiness Owner Address:				
	_					

Property Owner (if different from Business Owner):

I/We,		hereby confirm that I am the agent authorized
	print name	Tiereby committed that the agent authorized
on behalf of		and that the information given on this form is fu
complete and is, to the bes	of my knowledge, a true stat	ement of the facts relating to this application for
Business Licenses.		
		application does not excuse the Applicant from com gislation or regulations, including but not limited to A
restrictive covenant or agre	ement affected the subject p	e, Alberta Fire Code or the conditions of any ease parcel(s) or building(s) contained on the subject par Valley/Brazeau County Fire Services at 780-514-221
restrictive covenant or agre	ement affected the subject p	e, Alberta Fire Code or the conditions of any ease parcel(s) or building(s) contained on the subject par

Once you've completed your business license application, please send it to kaymayer@brazeau.ab.ca