

4. Type of Business

COMMERCIAL
 FARM

INDUSTRIAL
 AGRI-BUSINESS

HOME-BASED

5. 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	

6. Type of Ownership

- Sole Proprietorship Partnership Limited Corporation (Ltd./LLC) Not-For-Profit
- Locally Owned Franchise Branch Other

7. Business Contact

Business Owner Name(s): _____

Email: _____

Home Phone: _____ Cell Phone: _____

Business Owner Address: _____

Postal Code: _____

Property Owner (if different from Business Owner): _____

8. Applicant(s) Authorization

I/We, _____ hereby confirm that I am the agent authorized to act
print name

on behalf of _____ and that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for Business Licenses.

I understand that any approval(s) granted regarding this application does not excuse the Applicant from complying with the regulations of any Federal, Provincial or other legislation or regulations, including but not limited to Alberta Health Services (AHS) regulations, Alberta Building Code, Alberta Fire Code or the conditions of any easement, restrictive covenant or agreement affected the subject parcel(s) or building(s) contained on the subject parcel(s). All applicants can request a Fire Inspection with Drayton Valley/Brazeau County Fire Services at 780-514-2216.

Date

Signature

Date

Signature

******The information on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used solely for the purpose of this application. ******

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