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# Business Licence Application

Application # (*official use only*) _____

*County staff will provide your application # for records. This number will be visible on your current approved licence provided by mail.*

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**INSTRUCTIONS**

Please complete this application to the best of your ability. If sections do not apply to your business, indicate on the form with a brief explanation. Only complete applications will be approved.

Application Date: _____

**SECTION 1: BUSINESS ACTIVITIES**

Describe Business Activities: (explain how the business will operate and list services provided)

**SECTION 2: BUSINESS ADDRESS**

Business Operating Address OR Market/Tradeshow Address

_____ / _____ / _____ / _____ / _____ / _____

Unit Civic Number Street Name Hamlet Prov Postal Code

Business Legal Address (if applicable):

_____ / _____ / _____

Section Township Range

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**SECTION 3: BUSINESS CONTACT INFORMATION**

## APPLICANT

Name: _____ Position: _____

Address _____ / _____ / _____ / _____ / _____ / _____

Unit Civic Number Street Name Hamlet Prov Postal Code

Email Address: _____

Preferred Method of Contact: (Check One) ☐ MAIL ☐ EMAIL

## OWNER

Name: _____ Position: _____

Address _____ / _____ / _____ / _____ / _____ / _____

Unit Civic Number Street Name Hamlet Prov Postal Code

Email Address: _____

Preferred Method of Contact: (Check One) ☐ MAIL ☐ EMAIL

## KEY CONTACT

Name: _____ Position: _____

Address _____ / _____ / _____ / _____ / _____ / _____

Unit Civic Number Street Name Hamlet Prov Postal Code

Email: _____

Preferred Method of Contact: (Check One) ☐ MAIL ☐ EMAIL

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**Mailing Instructions**

I would like to have any correspondence and/or my approved Business Licence sent to the:

- ☐ APPLICANT
- ☐ OWNER
- ☐ KEY CONTACT

**SECTION 4: BUSINESS OPERATING INFORMATION**

Business Legal Name: _____

Operational Business Name: _____

Business Phone: (_____) _____ Business Fax: (_____) _____

Business Social Media Platform(s) and Handle(s):

_____

_____

Business website(s): _____

Business Email: _____
(Provide an email that will be regularly checked for correspondence)

Select as applies:

**RESIDENT**
- ☐ Commercial Location
- ☐ Home Based Business
- ☐ Day Home
- ☐ Markets/ Tradeshows
- ☐ Other

(or)

**NON-RESIDENT**
- ☐ Commercial Location
- ☐ Food Truck
- ☐ Markets/ Tradeshow
- ☐ Other

**EXEMPTION FROM FEES**

Some businesses do not require a municipal business licence because they are regulated by other bodies or levels of government but may wish to submit an application to be included in the municipal business directory. Proof may be required for an exemption.

Reason for Exemption: _____

Name of Market/Tradeshow: _____

Date of Market/Tradeshow: _____

Business Industry: _____

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Business Category: _____

# of Employees: _____

Business Open/Start Date (year/month/day): _____

Business Registration Identification Provincial Licence #: _____

Provincial Licence Expiry Date Agency Business Licence #: _____

Development Permit # _____

Approved by Fire Inspection: ☐ Yes ☐ No

Health Permit: ☐ Yes ☐ No

**Name (Please Print):** _____

**Authorized Signature:** _____

## SECTION 5: MARKETING YOUR BUSINESS & FOIP

Often ratepayers and other community groups/agencies request contact information and listings of such a directory. Lac La Biche County publishes this information in directories on various websites.

Information from the following sections may be used by Lac La Biche County to market and promote your business information:

- ✓ SECTION 1: BUSINESS ACTIVITIES;
- ✓ SECTION 2: BUSINESS ADDRESS (excluding tax roll number);
- ✓ SECTION 4: BUSINESS OPERATING INFORMATION; and
- ✓ Any other public information deemed appropriate to promote your business in good faith.

Indicate your approval the County has permission to promote your business: ☐ Yes ☐ No

**Authorized by (print):** _____

**Authorized by (signature):** _____

**If any information in the sections outlined in Section 5: Marketing Your Business & FOIP is deemed confidential to the business, please outline the confidential materials in the space below.**

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Personal information is collected pursuant to Sections 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of operating the County's Business Licence Program.

***Please note: Certain information including, but not limited to, the nature of the licence as well as the licencee's name, business address and business telephone number may be disclosed in accordance with sections 39 and 40 of the FOIP Act. If you require additional information, contact Lac La Biche County.***

## SECTION 6: CERTIFICATE INFORMATION (If applicable)

Please provide the certification number that permits you to operate as a certified professional in the Province of Alberta. (For example: your plumbing and gas Journeyman certificate number or Electrical Masters Certification). If the business owner is not a Master Electrician, authorization from the Master Electrician is required. *Note: proof of certification may also be required.*

Certified Profession: _____ Certification Number: _____

Certificate Holder Name: _____ Expiration date: _____ (if applicable)

## SECTION 7: SUPPORTING DOCUMENTS

Please check the documents you are submitting from the list below:

- ☐ Alberta Gaming and Liquor Commission (AGLC)
- ☐ Alberta Health Services Certificate
- ☐ Alberta Motor Vehicle Industry Council (AMVIC)
- ☐ Approved Development Permit
- ☐ Certificate of Title
- ☐ Fire Inspection Report
- ☐ Lease Agreement
- ☐ Letter of Authorization
- ☐ Home Occupation Declaration Form
- ☐ Non-profit registration
- ☐ Occupancy Certificate
- ☐ Provincial Certification
- ☐ RCMP Clearance
- ☐ Taxi Licence Number
- ☐ The Association of Professional Engineers and Geoscientists of Alberta (APEGA)
- ☐ Trade Certification Number

## SECTION 8: FEES & PAYMENT INFORMATION

To make payment for your business license, or for additional inquiries, please contact the County Office at (780) 623-1747. Business License applications will be processed on a first come, first serve basis and will require a minimum of two weeks to review. Incomplete applications will not be approved.

Approved Business Licences will be numbered and mailed as directed in this application.

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**SECTION 9: AUTHORIZATION**

I, _____ (Print Name), declare the information provided in this application to be accurate, true, and complete.

**Signature: _____**

**Date: _____**