



# In Town Business License Application

All fields on this application form must be completed before an application can be processed.  
If any of the fields do not apply to your business please indicate this with "N/A".  
Business shall not commence prior to a license being issued.

## STEP 1: CONTACT INFORMATION

Business / Operating Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing address is the same as the business address

Business Phone Number: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Website: \_\_\_\_\_

Business Owner's Name(s): \_\_\_\_\_

Applicant Name (if different than owner): \_\_\_\_\_

Address of the Applicant: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

GST Number: \_\_\_\_\_

Emergency Contacts (Name & Phone Number): \_\_\_\_\_

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

- I would like the above information included in the Town of Fox Creek Business Directory on [www.foxcreek.ca](http://www.foxcreek.ca). (Owner contact will not be listed unless otherwise specified.)
- I would like to receive Town of Fox Creek's Monthly Electronic Newsletter for Business.
- I would like a member of the Fox Creek Chamber of Commerce to contact me to discuss the benefits of a Chamber membership.

New business license application

**Are you or anyone else doing interior alterations OR construction OR change of use to your business location?**

No     Yes – NOTE: You will need to fill out the Development Permit application form in addition to this form



**STEP 2: BUSINESS ACTIVITIES**

**Business Ownership Information**

- Corporation or Corporate Partnership (provide legal name): \_\_\_\_\_  
Corporation Access Number: \_\_\_\_\_ Alberta, or other province \_\_\_\_\_
- Charitable Organization (provide Charity Registration Number): \_\_\_\_\_
- Sole Proprietor or Partnership (provide names of proprietor & partners): \_\_\_\_\_  
\_\_\_\_\_

**Does your business operate under a Trade Name? If yes, what is it?** \_\_\_\_\_

**Indicate type of business and supply information where applicable below:**

- Accounting, Financial Services
- Advertising/PR Consulting
- Automobile Repair, Services, etc. Incl. Car Wash
- Architecture, Engineering, Building Inspection
- Arts, Entertainment & Sports Facility Operations      Number of seats/occupants: \_\_\_\_\_
- Banks, Credit Unions
- Building (construction) – Commercial Percentage of office space: \_\_\_\_\_ Percentage of warehouse space: \_\_\_\_\_
- Building, Renovating, Handyman – Residential  
Percentage of office space: \_\_\_\_\_ Percentage of warehouse space: \_\_\_\_\_
- Childcare, Daycare Services
- Computers System & Software Services **not** Sales
- Consulting – Management/Environment/Scientific
- Courier and Messenger Services
- Design – Interior, Graphic, etc.
- Developers of Land & other Heavy/Civil Construction
- Education Services Incl. Dance, Marital Arts, Hockey, etc.      Number of seats/occupants: \_\_\_\_\_



- Employment and Business Support Services
- Event Planning
- Gas Station with or without Convenience Store
- Healthcare – Dentist, Doctor, etc. **not** Pharmacy
- Holding Company or Head Office
- Information Services
- Insurance Companies/Brokers/Providers
- Investment Advise/Consulting
- Janitorial/Cleaning/Dry Cleaning, Landscaping, Pest Control  
Percentage of office space: \_\_\_\_\_ Percentage of warehouse space: \_\_\_\_\_
- Legal Services
- Locksmiths, Security Companies
- Manufacturers Percentage of office space: \_\_\_\_\_ Percentage of warehouse space: \_\_\_\_\_
- Newspaper, Magazine, Radio Companies
- Oil and Gas Extraction, Mining and Support  
Percentage of office space: \_\_\_\_\_ Percentage of warehouse space: \_\_\_\_\_
- Personal & Pet Services – Hair, Esthetics, Therapy, etc.
- Pharmacy and Health Stores
- Photography **not** picture framing
- Printers (Ink, Digital, Quick Copy)
- Real Estate Agents, Offices, Appraisers
- Religious Assembly Number of seats/occupants: \_\_\_\_\_
- Rental or Leasing Services
- Rental Accommodations – Lodging Houses, B&Bs, Rental Apartment Housing, Hotels/Motels, Group-Care Facilities  
Number of roomers to be accommodated: \_\_\_\_\_ Number of rooms: \_\_\_\_\_
- Repair Services except Automotive Repair
- Restaurants, Bars, Caterers, Food Trucks, etc. Number of seats/occupants: \_\_\_\_\_
- Retail Sales



- Storage Facility or Warehousing      Percentage of office space: \_\_\_\_\_ Percentage of warehouse space: \_\_\_\_\_
- Taxi & Other Passenger Transportation
- Towing, Snow Clearing, Other Transport Support
- Trade Contractors – Plumbers, Electricians, etc.  
Percentage of office space: \_\_\_\_\_ Percentage of warehouse space: \_\_\_\_\_
- Transportation of Goods & Fleet Services
- Travel Agencies
- Utility Providers
- Veterinary **not** Pet Grooming
- Waste and Recycling Services      Percentage of office space: \_\_\_\_\_ Percentage of warehouse space: \_\_\_\_\_
- Wholesale Trade      Percentage of office space: \_\_\_\_\_ Percentage of warehouse space: \_\_\_\_\_
- Other \_\_\_\_\_

**Please provide total business floor area (sq. m):**

**Is your business doing any of the following activities (please check at least one option)**

- Bulk Plant for Flammable Liquid       Bulk Storage Warehouse       Dry Cleaning Plant
- Chemical Manufacturing/Processing Plant       Chemical Recycling Plant       Distillery
- Feed or Flour Mill       Fireworks Sales       Grain Elevator       Laboratories
- Paint Factory       Rubber Processing Plant       Service Station       Waste Recycling
- Spray Painting Operation       Wood Working Factory       Not Applicable



**STEP 3: CHANGES TO AN EXISTING BUSINESS LICENSE (If Applicable)**

**Current Business License #** \_\_\_\_\_  
Current Business Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_

**Please indicate what the change was:**

Moved to a new location for an existing business (no change in ownership or operations)

New address is: \_\_\_\_\_  
Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Mailing address is the same as the new address

Business Phone Number: \_\_\_\_\_  
Business Email: \_\_\_\_\_  
Business Website: \_\_\_\_\_

New Legal Entity: \_\_\_\_\_

New Trade Name: \_\_\_\_\_

Bought an existing business – If the previous company was operated as a Ltd. or Inc. company

Did you buy the Ltd. Or Inc. company (Legal entity)?     Yes  No

Did you only buy the equipment/assets of the business?     Yes  No

Changed Operations (i.e. was retail now restaurant, please describe):

Other (please explain):

**BUSINESS OWNER DECLARATION:** I, (Please print) \_\_\_\_\_, the undersigned, certify that the statements herein contained in the said application are true and made with a full knowledge of the circumstances connected with the same, and acknowledge that I have read the declaration and notice contained below.

The undersigned agrees that the issuance of a license will be subject to approvals from such municipal, provincial, and federal departments or agencies as the License Administrator deems necessary. The Issuance of a license is not intended and shall not be construed as permission or consent by the Town for the holder of the license to contravene or fail to observe or comply with any law of Canada or Alberta or any by-law of the Town.



Any business license application that has not received approvals from all municipal, provincial, and federal departments or agencies due to the applicant's inability to comply with the license requirements within 90 days from the date of filing the application shall be deemed to be refused.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Business Owner: \_\_\_\_\_ **Signature**

Authorized Agent: \_\_\_\_\_ **Signature**

(if a limited company, affix corporate seal over signature)

**Payment Information**

Licenses are not issued until all license fees are paid. Business license fees vary depending on the category(s) your operations are classified into.

If applying in person, payment options are: cash, cheque or credit card.

If applying by email or mail: we will call you at the time of application processing to advise you of the cost of your license and you may pay by credit card.

Normal office hours are Monday to Thursday, 8:00 a.m.—4:30 p.m., Friday 8:00 a.m.—1:00 p.m., with the exception of closures for holidays.

**FOR OFFICE USE ONLY**

**Prerequisite Information**

Development Permit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If approved: # _____
Zoning: _____ Permitted Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If approved: # _____
Discretionary Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If approved: # _____
Building Permit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If approved: # _____
Demolition Permit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If approved: # _____
Sign Permit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If approved: # _____
Additional requirements met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed by: _____

**Business License Information:** *Only processed after prerequisites have been approved and received*

Business License Categories to be processed:

Home Office     Home Occupation     Commercial & Industrial     Exempt  
 Multi-Commercial    Fees Paid: \$ \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ (YYYYMMDD)

The information being collected on this form is for the purpose determining the applicant's eligibility to be granted a Town of Fox Creek business license, pursuant to the provisions of the Municipal Government Act, Section 8(b)(v), and the Freedom of Information and Protection of Privacy Act, Section 33(c). This information may be shared with applicable Town of Fox Creek departments, agencies, RCMP, and/or Alberta Health Services, for the purpose of conducting required inspections and approvals, as part of the Business License application process.