



Out of 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: _____

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: _____

STEP 2: BUSINESS ACTIVITIES

New business license application: _____

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



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 _____



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

<p>Current Business License # _____</p> <p>Current Business Address: _____</p> <p>Business Name: _____</p>

<p>Please indicate what the change was:</p> <p><input type="checkbox"/> Moved to a new location for an existing business (no change in ownership or operations)</p> <p> New address is: _____</p> <p> Mailing Address _____</p> <p> <input type="checkbox"/> Mailing address is the same as the new address)</p> <p> Business Phone Number: _____</p> <p> Business Email: _____</p> <p> Business Website: _____</p> <p><input type="checkbox"/> New Legal Entity: _____</p> <p><input type="checkbox"/> New Trade Name: _____</p> <p><input type="checkbox"/> Bought an existing business – If the previous company was operated as a Ltd. or Inc. company</p> <p> Did you buy the Ltd. or Inc. Company (Legal entity)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Did you only buy the equipment/assets of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Changed Operations (i.e. was retail now restaurant, please describe): _____</p> <p><input type="checkbox"/> Other (please explain): _____</p>

<p><input type="checkbox"/> I would like the above information included in the Town of Fox Creek Business Directory on www.foxcreek.ca. (Owner contact will not be listed unless otherwise specified.)</p> <p><input type="checkbox"/> I would like to receive Town of Fox Creek's Monthly Electronic Newsletter for Business.</p> <p><input type="checkbox"/> I would like a member of the Fox Creek Chamber of Commerce to contact me to discuss the benefits of a Chamber membership.</p>

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:

Alberta Based Head Office (*no property owned or rented in Fox Creek*) Out of Province Head Office

Day Week Annual 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.