



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. (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? _____

What products or services does your business provide? _____

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

Percentage of Office Space: _____ Percentage of warehouse space: _____

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

Classification No. _____

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.