2019 Business License Application Form

P 403.638.3551 F 403.638.2100 E townmail@sundre.com

I/We, hereby submit the following application under the provisions of the Town of Sundre Business License Bylaw #05.12, for a license to operate/conduct a business within the Town of Sundre. ***Please select the type of license you are applying for below:***

Home-based business ☐ | In Town Business ☐ | Out of Town Business (Full Year) ☐

Temporary (Less than 5 consecutive days) ☐ | Temporary (Less than 3 consecutive months) ☐ | Contractor (one license for all sub-trades) ☐

Legal Business Name: _____

Operating Business Name: _____

Registered Business Owner: _____ Primary Contact Name: _____

Physical Business Location: _____

Mailing Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Business Phone # _____ Business Fax: _____

Business Website: _____ Business Email*: _____

**Number of Employees – Full Time: _____ Part Time: _____ Casual/Seasonal: _____

If your business requires a Town of Sundre Development Permit, Provincial Permit or Federal Approval to operate (ie: commercial business, new use of an existing space, or Alberta Health Services Facility number) include details below.

If applicable, Town of Sundre Development Permit number must be included with all business license applications or it will not be granted.

Agency: _____ Permit # _____

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Please note that the following businesses must attach a copy of your site approval from the Public Health Inspector: grocery & convenience stores, all food & beverage services (including mobile & concession), water processors, and all personal services.

Check box if you would like to opt out of receiving the monthly Sundre Economic Development email update: ☐

Would you like the Sundre & District Chamber of Commerce to contact you about membership benefits? YES ☐ NO ☐

Business Directory

Please check this box if you would like to be added to our free Online Business Directory ☐

Town of Sundre often receives inquiries for businesses in the community and we use our business directory to advise people of your business. Email up to 3 photos of your business or business logo along with a brief description (under 200 characters) to townmail@sundre.com to have included in the business directory. Include business name in subject line.

All submissions are subject to approval

Applicant Declaration

I hereby certify that all information given in this application is true and accurate and I agree to abide by all and any Bylaws, Rules and Regulations that now or hereafter may be in force with respect to the same trade, business or calling hereby licensed.

_____ _____

(Signature of Applicant) (Date)

The Town of Sundre collects personal information, including name and contact information, for the purpose of providing programs, services and contacting customers in this regard. The Town of Sundre is authorized to collect this personal information under Section 33 of the **Freedom of Information and Protection of Privacy Act** and by Section 3 of the Municipal Government Act. Please contact the Economic Development Officer at the Town of Sundre 717 Main Ave West, PO Box 420 Sundre, AB T0M1X0 if you have questions about this collection of information.

For Office Use Only:

License No. _____ Receipt No. _____ Date: _____

Code: Home01 / Town01 / Misc50 / Temp01/ Temp02/ Contractor01

Amt Paid: $60 / $110 / $180 / pro-rated $_____ Temporary: $50 / $100 Contractor: $1000

Chamber Member Y/N FWD info to Chamber Y/N NAICS Code: _____ Completed By _____