



2012 Business License Application & Renewal Form

Box 420, 717 Main Avenue West, Sundre, Alberta T0M 1X0
P 403.638.3551 F 403.638.2100 E townmail@sundre.com

I/We, hereby submit the following application/renewal under the provisions of the Town of Sundre Business License Bylaw #810, for a license to operate/conduct a business within the Town of Sundre.

Is this Business New Existing
Is this a Home based business Yes No

Business Name: _____

Registered Owner(s): _____

Contact Name: _____

Business Location (physical address): _____

Mailing Address: _____

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

Business Phone # _____ Business Fax: _____

Business Website: _____ Business Email: _____

Type of Business (which **industry sector** you think best categorizes this business and please include **brief description** of services/products offered) _____

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

Does your business require a Town of Sundre development permit, Provincial permit or Federal Approval to operate (ie: new business or a Restaurant's Alberta Health Services Facility number)? Yes No

Agency: _____ Permit # _____

If you do NOT want your business information listed on the Town of Sundre's Online Business Directory – Please check this box.

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 personal information requested on this form is being collected for the Business Licensing Program as required by the Town of Sundre Economic Development Department, under the authority of the **Freedom of Information and Protection and Privacy Act** (the FOIP Act). If you have any questions about the collection or use of your personal information, contact Jacci Hager, Town of Sundre FOIP Coordinator, at 403 638 3551.

For Office Use Only:		
License No. _____	Receipt No. _____	Date: _____
Code: Home01 / Town01 / Misc50	Amount Paid: \$60 / \$100 / \$150 / pro-rated \$ _____	
NAICS Code: _____	Add to Online Directory Yes/ No _____	_____ (initial when done)