



2017 Business License Application 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 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.

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: commercial business, new use of an existing space, or Alberta Health Services Facility number)? Yes No

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

Agency: Town of Sundre Permit # _____

Agency: _____ Permit # _____

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.

The Town of Sundre often receives inquiries for businesses in the community and we use our business directory to advise people of your business. **If you do NOT want your business information published in an online or print Business Directory – please check this box.**

Are you a Sundre & District Chamber of Commerce Member? YES NO

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

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 Amount Paid: \$65.25 / \$108 / \$161 / pro-rated \$ _____

NAICS Code: _____ Add to Online Directory Yes/ No

Chamber Member Yes / No Forward info to Chamber Yes/ No Completed By _____