



CHESTERMERE

BUSINESS LICENCE APPLICATION

All fields on this application form must be completed before the application can be processed.
If any of the fields do not apply to your business please indicate this with "N/A"

STEP 1: Contact Information

Business Trade Name: (doing business as)	
Owner's Name:	
Primary Business Contact Name: (if different than owner):	
Business Address: Mailing address:	
<input type="checkbox"/> <i>Mailing address is the same as the location address</i>	
Business phone number(s):	
Business Fax Number:	
Business Email:	
Website:	
<p>Please indicate the nature of your business:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accounting, bookkeeping, tax preparation <input type="checkbox"/> Advertising/PR consulting or services not printers <input type="checkbox"/> Agriculture, forestry, fishing, and hunting <input type="checkbox"/> Architectural, engineering, building inspection <input type="checkbox"/> Arts, entertainment & sports facility operations <input type="checkbox"/> Automotive repair, etc. including car wash <input type="checkbox"/> Banks, credit unions <input type="checkbox"/> Building (construction) – Commercial <input type="checkbox"/> Building, renovating, handyman - Residential <input type="checkbox"/> Childcare, day-home services <input type="checkbox"/> Computer system & software services not sales <input type="checkbox"/> Consulting – management, environment, scientific <input type="checkbox"/> Couriers and messenger services <input type="checkbox"/> Designing – Interior, graphic, etc. <input type="checkbox"/> Developers of land & other heavy/civil construction <input type="checkbox"/> Education services incl. dance, martial arts, hockey <input type="checkbox"/> Employment and business support services <input type="checkbox"/> Event planning <input type="checkbox"/> Gas stations with or without convenience store <input type="checkbox"/> Health Care – dentist, doctor, etc. not pharmacy <input type="checkbox"/> Holding company or head office <input type="checkbox"/> Hotels, B&Bs, & other accommodations <input type="checkbox"/> Information Services <input type="checkbox"/> Insurance companies/brokers/providers <input type="checkbox"/> Investment advice/consulting <input type="checkbox"/> Janitorial/cleaning, landscaping, pest control 	<ul style="list-style-type: none"> <input type="checkbox"/> Legal Services <input type="checkbox"/> Locksmiths, security companies <input type="checkbox"/> Manufacturers <input type="checkbox"/> Newspaper, magazine, radio companies <input type="checkbox"/> Oil and gas extraction, mining and support <input type="checkbox"/> Personal & pet services – Hair, esthetics, etc. <input type="checkbox"/> Pharmacy and health stores <input type="checkbox"/> Photography (not picture framing –“See retail”) <input type="checkbox"/> Printers (ink, digital, quick copy) <input type="checkbox"/> Real estate agents, offices, appraisers <input type="checkbox"/> Rental or leasing services <input type="checkbox"/> Repair services except automotive repair <input type="checkbox"/> Restaurant, bars, caterers, food trucks, etc. <input type="checkbox"/> Retail sales – Home occupation, non-store <input type="checkbox"/> Retail sales – Store-based, permanent struct. <input type="checkbox"/> Storage facility or warehousing <input type="checkbox"/> Taxi & other passenger transportation <input type="checkbox"/> Towing, snow clearing, other transport support <input type="checkbox"/> Trade contractors - Plumbers, electricians, etc. <input type="checkbox"/> Transportation of goods & fleet services <input type="checkbox"/> Travel agencies <input type="checkbox"/> Utility providers <input type="checkbox"/> Veterinary not pet grooming –See “personal & pet services”) <input type="checkbox"/> Waste and recycling services <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Other: _____

- I would like the above information included in the Town Business Directory on www.chestermere.ca.** (The business contact, not the owner will be listed unless otherwise specified)
- I would like a member of the Chestermere Chamber of Commerce to contact me to discuss the benefits of a Chamber membership**

The information being collected on this form is for the purpose determining the applicant's eligibility to be granted a Town of Chestermere 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 Chestermere 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. Information such as your business operating name, location, and business phone number, will be available on the Town of Chestermere website; this would not include personal applicant information. Should you have any questions or concerns regarding collection of this personal information, please contact the Town of Chestermere FOIP coordinator at (403) 207-7050.



In Case of Emergency (provide name and phone number of person(s) with 24hr access to location):

Please also indicate who has an alarm code

Name: _____ Phone #: _____ Alarm Code: _____

Name: _____ Phone #: _____ Alarm Code: _____

Name: _____ Phone #: _____ Alarm Code: _____

STEP 2: Business Activities

New license application

Related Development or Building Permit # _____

Move in date: _____ Opening date: _____

Type of Business

Commercial Location Home based business

Non-Resident of Chestermere (business is run from out of Town, but you attend Town to do business)

Business Ownership Information

Corporation or corporate Partnership (provide legal name): _____

Corporate Access Number: _____ Alberta, or other province _____

Charitable Organization : Charity Registration Number: _____

Sole Proprietor or Partnership: Names of proprietor & partners: _____

Are Dangerous Goods or Chemicals stored at your business location?

No Yes If yes, please identify: _____

Prerequisites

If a restaurant, the Food Establishment Permit or copy of your Health Inspection Form must be attached (if you require more information contact Alberta Health Services at (403) 943-2288)

If involved in the motor vehicle industry an AMVIC permit/license must be attached.

Declaration

I hereby certify that all information given in this application is true to the best of my knowledge.

Signature of applicant: _____

Date: _____

Office Use Only

Type of license (circle): 1 day / 3 day / Week / Annual Resident / Non-Resident

License #: _____ Amount paid: _____

Date: _____ License Expiration Date: _____

**Please print this completed form, sign it, and return with payment to Town Hall in person.
If you are mailing your payment or providing payment by phone, please mail this completed and
signed form to (105 Marina Road, Chestermere, AB T1X 1V7).**

The information being collected on this form is for the purpose determining the applicant's eligibility to be granted a Town of Chestermere 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 Chestermere 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. Information such as your business operating name, location, and business phone number, will be available on the Town of Chestermere website; this would not include personal applicant information. Should you have any questions or concerns regarding collection of this personal information, please contact the Town of Chestermere FOIP coordinator at (403) 207-7050.