

BUSINESS LICENSE APPLICATION

BUSINESS IDENTIFICATION (This information will published on our website unless specified below.)

Application Type: New Revision/Renewal Change in Ownership Start Date _____

Legal Company Name _____

Operating Company Name _____

Business Description _____

Bus. Address _____ Bus. City _____ Bus. Post. Code _____

Bus. Phone _____ Bus. E-mail _____

Bus. Fax _____ Bus. Website _____

Home Based? Yes No If Yes: Tax Roll # _____ Permit # _____ Industry _____

How many people does your business employ? Full Time _____ Part Time _____ Casual _____

Please call Development Services at 780-361-4431 to verify if a development permit is required.

HEAD OFFICE\OWNER INFORMATION

Name _____ Address _____ City _____ Province _____

Postal Code _____ Phone _____ Fax _____

LOCAL CONTACT INFORMATION

Name _____ Address _____ City _____ Province _____

Postal Code _____ Phone _____ Fax _____

OTHER LICENSING REQUIREMENTS

Food Establishment Liquor Sales Vehicle Sales Vehicle Repair Autobody Repair
 Gasfitter Plumber Electrician Other _____

CITY INFORMATION SERVICES

The City of Wetaskiwin and its partners place business information online so citizens can locate businesses and service providers. Please confirm your desire to receive relevant business tips and information below. We'd love to help you market your business!

- Send me City-related information
 Advertise my business on the City's website
 Share my business information with the Chamber of Commerce

The personal information in this form is being collected under Section 33(c) of the Freedom of Information and Privacy Act (FOIP) and may be used to notify the Applicant in regard to: eligibility to obtain/renew a Business License, revocation of a Business License, a violation under the Business License Bylaw or in case of an emergency. If you have any questions or concerns regarding the use of information collected, please contact the City of Wetaskiwin at 780-361-4400.

I hereby make application for a City of Wetaskiwin Business License and verify that the information provided is correct.

Applicant Signature _____ Date _____

FOR INTERNAL USE ONLY DEVELOPMENT APPROVAL _____ DATE _____

NA# _____ NAICS# _____ A/R # _____ BL # _____ FPI# _____