



Application Date:

BL File:

## BUSINESS LICENSE APPLICATION

New Business:	Change of Information:	Renew Inactive Business License:
<b>1. Business Address:</b>		
Address:	Plan:	Block:
City:	Province:	Postal Code:
Lot:		
Zoning:		
<b>2. Business Information:</b>		
Legal Company Name:	Operating Company Name:	
Business Description:		
Business Phone:	Business email:	
# of Full-Time Employees:	# of Part-Time Employees:	
What date will the business start:	Property Owner or Tenant:	
Is this business registered through the Provincial Registrar's Office?      Yes:                      No:		
- If yes, a copy of the business registration is required with the application.		
Will this business require additional licenses?      Yes:                      No:		
- If "yes," which license is required?		
Will the business have a liquor license?      Yes:                      No:		
- If "yes," will minors be prohibited at any time during operations?      Yes:                      No:		
- If "yes," what hours will a minor be prohibited?		
Will the business have an outdoor patio?      Yes:                      No:		
- If "yes," will it serve liquor on the patio?      Yes:                      No:		
Home Based?      Yes:                      No:	If yes, DP File Number:	
<b>3. Change of Information:</b>		
If this is a change of information, what information has changed:		
<b>4. City Information Services</b>		
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, information and whether you would like to share your business.		
Send me City-related information		
Advertise my business on the City's website		
Share my business information with the Chamber of Commerce		
Application cont. on next page.		



4. Owner/Head Office(s) Information:		5. Applicant's Signature:	
Name:		<hr/> Applicant Signature	
Address:			
City:			
Province:	Postal Code:	<hr/> Application Date	
Phone:			
Email:			
Unless otherwise noted, the applicant will receive electronic notification.			

*The personal information collected on this form is being collected under the authority of Sections 33, 39 (1)(a)(b) and 40 (1) (a)(b)(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) , and Section 301.1 of the Municipal Government Act RSA 2000 (MGA). The information collected will be used to process your application(s). Your name, contact telephone number, and address may be used to carry out current and/or future construction, operating programs, services, or activities within the Municipality. If you have questions about the collection, use, or disclosure of the personal information provided, please contact the FOIP Coordinator at 780.361.4400.*

City Use Only:	
Date Received:	Received By:
Fees Received:	Receipt Number
Notes:	