



## BUSINESS LICENSE APPLICATION

Box 500, 1005 Ross Street.  
Crossfield, Alberta, T0M 0S0  
Phone: 403-946-5565  
Fax: 403-946-4523

### Application Status

New:  
Renewal:  
Information Update:

#### FOR OFFICE USE ONLY

Roll #: \_\_\_\_\_ Development Permit: Yes \_\_\_\_\_ No \_\_\_\_\_  
Paid \_\_\_\_\_ License/File # \_\_\_\_\_ Date \_\_\_\_\_

#### Fee Schedule

In Town Business: \$50  
Out of Town Business: \$50  
(A yearly renewal is required)  
Temporary License (72 Hr.) \$40

### SECTION 1

(Information supplied in this section will be made available to the public to assist in marketing your business through printed directories, and web directories such as the Town's webpage.)

Legal Business Name: \_\_\_\_\_ Operating/Trade Name: \_\_\_\_\_  
Civic Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Town/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Preferred Method of Contact: Email \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Person: \_\_\_\_\_ # of Employee: \_\_\_\_\_  
Description of Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For any new businesses, a Development Permit must be completed and approved prior to start-up of the business in Town.**

### SECTION 2

(BUSINESS OWNER INFORMATION will be received in confidence and shall be protected in accordance with the Freedom of Information and Protection of Privacy Act, RSA, 2000, c. F-25, paragraph 16 (1) b.)

Owner(s) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Town/City/Province: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby certify that the above information is true and properly sets out the business which is presently carried on by the applicant, owner, or operator as the case may be. Approval of the Business License does not exempt the applicant from the obtaining necessary permits required through Municipal Bylaws and Provincial Statutory Regulations.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_