## BYLAW #1017 - Schedule "A" Business Licence Fee

DESCRIPTION	FEE
Resident Business Licence	\$50.00
Non-Resident Business Licence	\$200.00
Mobile Cooking Operation	\$200.00/Year \$20.00/Day
Mobile Vending Unit	\$200.00/Year \$20.00/Day
Home Occupation	\$100.00
3-Day Temporary Licence	\$60.00
3-Month Temporary Licence	\$150.00
Private Child Care Provider	\$100.00
Direct Seller's Permit	\$200.00/Year \$20.00/Day
Late Payment Fee	\$5.00/Month
Replacement of Business Licence Certificate or Permit	\$20.00
Transfer of Licence	\$15.00

Annual Licences shall cover the calendar year – January  $1^{\rm st}$  to December  $31^{\rm st}$ , unless otherwise stated in this bylaw.

## Schedule "B" Business Licence Application



Completed Applications can be submitted to <a href="mailto:town@beaverlodge.ca">town@beaverlodge.ca</a> Brought into the Town Office at 400-10th Street
Or mailed to P.O. Box 30, Beaverlodge AB TOH 0C0

Applicable payment can be E-transferred to <u>accountspayble@beaverlodge.ca</u> or via Credit Card (using authorization form)

DESCRIPTION OF STREET		ADVISOR MONEY STATE			
New Application Resident – Commercial / Industrial	/ Institutional	Renewal – Busin	ess Licence No.		
Resident – Home Occupation Non-Resident					
Business Information				1. <b>分</b> 下的	
Legal/Corporate Name	lf you do		ou do not have a Registered Corporation, please enter your first and last name.		
Operating /Trade Name (If applicable)					
Business Activity Description					
Phone		Business Email			
No. of Full-Time Employees		No. of Part-Time Employees			
Approx. sq. ft. of Business Premise		Franchise Business		Yes No	
Physical Business Address (PO Boxes will not be	accepted)				
Street Address			City		
Province/State	Postal/Zip Code		Country		
Business Mailing Address					
Same as physical address					
Street Address			City		
Province/State	Postal/Zip Code		Country		
Lease/Rent Business Premise or	Own Business Premise				
Business Contact Information					
Owner Name					
Street Address			City		
Province/State	Postal/Zip Code		Country		
Email			Phone		
Main Contact Name (If different from Owner)					
Position	Phone		Email		



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## **Provincial Licensing**

If your business requires to have a provincial licence, please provide a copy of the valid provincial licence.

Licence No.

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. Approval of this Business Licence does not exempt the applicant from obtaining necessary permits required though Municipal Bylaws, Federal and Provincial Statutory Regulations.

Applicant Name Position

Applicant Signature Date

NOTE: By typing your name into the signature box below (or by signing a printed version of this application), you agree that all information submitted on this declaration is true and accurate.

The personal information on this form is collected under the authority of the Town of Beaverlodge Section 33(c) of the Freedom of Information and Protection of Privacy Act, RSA 2000, c. F-25 (the "FOIP Act"), as amended from time to time, and will be used to administer the Town of Beaverlodge's Business Licensing Program. The Town may request input from employees of other Town of Beaverlodge departments, Alberta Health Services, Beaverlodge RCMP, and/or Alberta Gaming Liquor Cannabis Commission in order to properly assess your application for this license or to determine appropriate conditions, if any, for this license. In addition, the Town of Beaverlodge may use your personal information to connect with you on Economic Development matters such as survey invites or to participate in engagement opportunities. The personal information provided will be protected in accordance with Part 2 of the FOIP Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the Town Office at 780-354-2201.

<b>Email Application</b>	town@beaverlodge.ca
Mailing Address	PO Box 30, Beaverlodge AB T0H 0C0