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 1st to December 31st, unless otherwise stated in this bylaw.

Schedule "B" Business Licence Application



Completed Applications can be submitted to town@beaverlodge.ca 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 accountspayble@beaverlodge.ca or via Credit Card (using authorization form)

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New Application Resident – Commercial / In		Renewal – Business Licence No. Daily Date(s):	
Resident – Home Occupa Non-Resident	ition	Annual	
Business Information		经验证证明的	
Legal/Corporate Name		If you do not have a Registered Corporation, please enter you	r first and last name.
Operating /Trade Name (If applicable)			
Business Activity Description			
Phone		Business Email	
No. of Full-Time Employees	The state of the s	No. of Part-Time Employees	
Approx. sq. ft. of Business Premise		Franchise Business	Yes No
Physical Business Address (PO Boxes w	ill not be accepted)		
Street Address		City	
Province/State	Postal/Zip Code	Country	
Business Mailing Address	AND VALUE OF THE PARTY OF THE P		
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	4/1.
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 certifythat 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.

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