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

**DESCRIPTION** FEE

| <u></u>   |               |
|---|---------------|
| Resident Business Licence                             | \$50.00       |
| Non-Resident Business Licence                         | \$200.00      |
|   | \$200.00/Year |
| Mobile Cooking Operation                              | \$20.00/Day   |
|   | \$200.00/Year |
| Mobile Vending Unit                                   | \$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      |
|   | \$200.00/Year |
| Direct Seller's Permit                                | \$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 <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 T0H 0C0

Applicable payment can be E-transferred to  $\underline{accountspayable@beaverlodge.ca}$  or via Credit Card (using authorization form)

| New Application   |  | Renewal - Busine                  | ss Licence No.   |  |
|---|--|-----------------------------------|--|--|
| Resident – Commercial / Industrial / Resident – Home Occupation | / Institutional  |                                   |  |  |
| Non-Resident  |  |                                   |  |  |
| Business Information  |  |                                   | A STATE OF THE STA |  |
| Legal/Corporate Name  | name & major and major and the second se | If you do not have a Registered C | Corporation, please enter your l   | first and last name  |
| Operating /Trade Name (If applicable)                           |  |                                   |  |  |
| Business Activity Description                                   |  |                                   |  |  |
| Phone   |  | Business Email                    |  |  |
| No. of Full-Time Employees                                      |  | No. of Part-Time Emplo            | yees   |  |
| Approx. sq. ft. of Business Premise                             |  | Franchise Business                |  | Yes No   |
| Physical Business Address (PO Boxes will not be a               | ccepted)   |                                   |  | ESCHAPE VIOL   |
| Street Address  |  |                                   | City   |  |
| Province/State  | Postal/Zip Code  |                                   | Country  |  |
| Business Mailing Address  | THE PARTY OF THE   | Was President                     |  | Water State of the |
| Same as physical address  |  |                                   |  |  |
| Street Address  |  |                                   | City   |  |
| Province/State  | Postal/Zip Code  |                                   | Country  |  |
| Lease/Rent Business Premise or                                  | Own Business Premise   |                                   |  |  |
| Business Contact Information                                    | National New York  |                                   |  |  |
| Owner Name  |  |                                   |  |  |
| Street Address  |  |                                   | City   |  |
| Province/State  | Postal/Zip Code  |                                   | Country  |  |
| Email   |  |                                   | Phone  |  |
| Main Contact Name (If different from Owner)                     |  |                                   |  |  |
| Position  | Phone  |                                   | Email  |  |



**Applicant Signature** 

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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.                                    |   |
|  |   |
|  | properly sets out the business which is presently carried on by the applicant, owner, or operator. Approval of this notaining necessary permits required though Municipal Bylaws, Federal and Provincial Statutory Regulations. |
| Applicant Name                                 | Position  |
|  |   |

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.

Date

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 |