

Business Licence Application

Application # (*offi	icial use only*)			
County staff will provide your application # for records. This number will be visible on your current approved licence provided by mail.				
INSTRUCTIONS				
	is application to the best on with a brief explanation			
Application Date: _				
SECTION 1: BUSII	NESS ACTIVITIES			
Describe Business	Activities: (explain how the	e business will operate	and list serv	ices provided)
SECTION 2: BUSII	NESS ADDRESS			
Business Operating	g Address OR Market/Trad	leshow Address		
/	/	/	/	/
Unit Civic Num		Hamlet		
Business Legal Add	ress (if applicable):			
	//			
Section	Township	Range		



SECTION 3: BUSINESS CONTACT INFORMATION APPLICANT Name: ______ Position: _____ Unit Civic Number Street Name Hamlet Prov Postal Code Email Address: Preferred Method of Contact: (Check One) MAIL EMAIL **OWNER** Name: ______ Position: _____ Unit Civic Number Street Name Hamlet Prov Postal Code Email Address: Preferred Method of Contact: (Check One) MAIL EMAIL **KEY CONTACT** Name: ______ Position: _____ Unit Civic Number Street Name Hamlet Prov Postal Code

Preferred Method of Contact: (Check One) MAIL EMAIL



Mailing Instructions

I would like to have any correspondence and/or my approved Business Licence sent to the:

- o APPLICANT
- OWNER
- o KEY CONTACT

SECTION 4: BUSINESS OPERATING INFORMATION

Business Legal Nan	ne: _					
Operational Busine	ess N	lame:				
Business Phone: (_		_) Bus	iness Fa	ax: (_)	
Business Social Me	dia	Platform(s) and Handle(s)):			
Business website(s):					
Business Email:						
(Provide an email t	hat	will be regularly checked	for cor	respond	ence)	
Select as applies:		RESIDENT	(or)		NON-RESIDENT	
	0	Commercial Location		0	Commercial Location	
	0	Home Based Business		0	Food Truck	
	0	Day Home		0	Markets/ Tradeshow	
	0	Markets/Tradeshows		0	Other	
	0	Other				
EXEMPTION FRO	M F	EES				
Some businesses d	o no	ot require a municipal bus	siness li	icence be	ecause they are regulated by o	ther bodie
or levels of govern	mer	it but may wish to submit	an app	olication	to be included in the municipa	al business
directory. Proof ma	ay b	e required for an exempt	ion.			
Reason for Exempt	ion:					
Date of Market/Tra	ades	show:				
Business Industry:						

Business Category:
of Employees:
Business Open/Start Date (year/month/day):
Business Registration Identification Provincial Licence #:
Provincial Licence Expiry Date Agency Business Licence #:
Development Permit #
Approved by Fire Inspection: Yes No
Health Permit: Yes No
Name (Please Print):
Authorized Signature:
SECTION 5: MARKETING YOUR BUSINESS & FOIP
Often ratepayers and other community groups/agencies request contact information and listings of sucla directory. Lac La Biche County publishes this information in directories on various websites.
Information from the following sections may be used by Lac La Biche County to market and promote your business information:
✓ SECTION 1: BUSINESS ACTIVITIES;
 ✓ SECTION 2: BUSINESS ADDRESS (excluding tax roll number); ✓ SECTION 4: BUSINESS OPERATING INFORMATION; and
✓ Any other public information deemed appropriate to promote your business in good faith.
Indicate your approval the County has permission to promote your business: Yes No
Authorized by (print):
Authorized by (signature):

If any information in the sections outlined in Section 5: Marketing Your Business & FOIP is deemed confidential to the business, please outline the confidential materials in the space below.



Personal information is collected pursuant to Sections 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of operating the County's Business Licence Program.

Please note: Certain information including, but not limited to, the nature of the licence as well as the licencee's name, business address and business telephone number may be disclosed in accordance with sections 39 and 40 of the FOIP Act. If you require additional information, contact Lac La Biche County.

SECTION 6: CERTIFICATE INFORMATION (If applicable)

Please provide the certification number that permits you to operate as a certified professional in the Province of Alberta. (For example: your plumbing and gas Journeyman certificate number or Electrical Masters Certification). If the business owner is not a Master Electrician, authorization from the Master Electrician is required. *Note: proof of certification may also be required.*

Certified Profession:	Certification Number:	
Certificate Holder Name: _	Expiration date:	(if applicable)

SECTION 7: SUPPORTING DOCUMENTS

Please check the documents you are submitting from the list below:

- Alberta Gaming and Liquor Commission (AGLC)
- o Alberta Health Services Certificate
- Alberta Motor Vehicle Industry Council (AMVIC)
- Approved Development Permit
- o Certificate of Title
- Fire Inspection Report
- Lease Agreement
- Letter of Authorization
- Home Occupation Declaration Form

- Non-profit registration
- Occupancy Certificate
- Provincial Certification
- o RCMP Clearance
- o Taxi Licence Number
- The Association of Professional Engineers and Geoscientists of Alberta (APEGA)
- o Trade Certification Number

SECTION 8: FEES & PAYMENT INFORMATION

To make payment for your business license, or for additional inquiries, please contact the County Office at (780) 623-1747. Business License applications will be processed on a first come, first serve basis and will require a minimum of two weeks to review. Incomplete applications will not be approved.

Approved Business Licences will be numbered and mailed as directed in this application.



SECTION 9: AUTHORIZATION

l,	(Print Name), declare the information provided in this
application to be accurate, true, and complete.	
Signature:	
Date:	