



BUSINESS LICENCE – COMMERCIAL

Part 1: GENERAL INFORMATION					
Company Name			Applicant or Contact's Name		
Physical Address of Business		City	Province	Postal Code	
Mailing Address, if different from above					
Phone		Cell/ Alternate Contact #		Fax/Email	
Premise Owner's Name , if not the applicant: (see Part 3: Signatures)					
Premise Owner's Address		City	Province	Postal Code	
Phone:		Cell/ Alternate Contact #:		Fax/Email:	
Lot	Block	Plan	Roll #		Land Use District
Part 2: BUSINESS INFORMATION					
Describe the type and/or the nature of the business:					
Do you require Provincial Licensing?			If yes, provide your licence number:		
Yes <input type="checkbox"/> No <input type="checkbox"/>			_____		
Does your business involve food handling, personal hygiene, or beautification?			Have you had a health inspection?		
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your business involve the automotive industry?			If yes, provide your AMVIC Registration Number:		
Yes <input type="checkbox"/> No <input type="checkbox"/>			_____		
What type of business was operated in the location before you moved your business in?					
Are you renovating or altering the building to accommodate your business?		Do you have the required permits?		Building <input type="checkbox"/>	Plumbing <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>		N/A		Electrical <input type="checkbox"/>	Gas <input type="checkbox"/>
How many employees will you have?		Where will the employees and customers park?		How many parking spaces do you have available to your business?	

PLEASE CONTINUE ON PAGE 2

Do you use a vehicle or machinery in the operation of your business? Yes <input type="checkbox"/> No <input type="checkbox"/>	What kind? How much does it weigh?	Where will it be parked or stored?
Will goods/materials, used in the operation of your business, be delivered to your business? Yes <input type="checkbox"/> No <input type="checkbox"/>	What kind? If hazardous materials are used in the operation of your business please attach a list of those materials. A fire inspection may be required.	How often?
Will you deliver goods, materials, or services, to customers away from your business? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where? (In Cold Lake? Surrounding area?)	
Is there any noise associated with your business? Yes <input type="checkbox"/> No <input type="checkbox"/>	What causes the noise?	When will it occur?

Part 3: SIGNATURES

X _____ Signature of Applicant	_____ Date of Application
X _____ Signature of Premises Owner/Manager <i>(If business is located inside the City limits)</i>	If you are the owner of your building you must provide a copy of the Certificate of Title. If you are not the owner of your building you require the owner's permission to operate your business. The Property owner/manager can sign this form, or provide a letter indicating their permission.

Part 4: FOR OFFICE USE ONLY

Development Officer:	Date:	
Fees: Business Licence Fee - all licences expire December 31st Inside City limits (COM) \$ 75 – annual \$ 50 - quarterly \$ 25 – weekly \$ 10 - daily \$ _____		
Fees Paid:	Receipt #:	Payment Taken By:

5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the Freedom of Information and Protection of Privacy Act, Sec. 33 (c) which regulates the collection, use and disclosure of personal information.