

BUSINESS LICENSE APPLICATION



Residential Commercial Out of Town

SECTION 1

Information supplied in this section (specifically Operating Name, Business Address, Business Phone, Fax, e-mail and website) will be made available to the public to assist in marketing your business through web directories such as the Town of Valleyview on-line business directory. If you **do not wish** to have your business information posted, please read the statement below and check the box.

I do **NOT** wish to have my business information posted on The Town of Valleyview on-line Business Directory

Legal Business Name: _____

Operating Name: _____

Business Address: _____

Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____

Part of: _____ Sec: _____ TWP: _____ Rge: _____ W of: _____

Mailing Address (if different from above): _____

City/ Province: _____ Postal Code: _____

Business Phone: _____ Business fax: _____ Cell Phone: _____

Website: _____ E-mail: _____

Preferred method of Contact: Fax e-mail

Contact Person: _____ No. of Employees: _____

Type of Business: _____ Years in Business: _____

Description of primary Product or Service (The information you provide will be used to categorize your business properly on the Town's website). Please be descriptive.

SECTION 2

Business Owner information will be received in confidence and shall be protected in accordance with the Freedom of Information and Protection of Privacy Act.

Owner(s) Name (if different than Contact person listed in Section 1): _____ e-mail: _____

Owner(s) Name (if different than Contact person listed in Section 1): _____ e-mail: _____

Address: _____ Res Phone: _____

City/ Province: _____ Postal Code: _____

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SECTION 3

Are you going to the consumer's home to solicit and negotiate contracts to do renovations? Yes No

Do you require a deposit or any payment before the job is completed? Yes No

Does your business involve any type of automotive type services that require AMVIC? Yes No

If you have answered YES to any of the questions above you require a Provincial License.

Provincial License No. (if applicable) _____ Expiry Date: _____

Copy of Provincial License Attached? Yes 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 as the case may be. Approval of this Business License does not exempt the applicant from obtaining necessary permits required through the Town Bylaws and Provincial and Statutory Regulations.

Signature of Applicant / Land Owner

Date

Signature of Applicant / Land Owner

Date

Signature of Applicant / Land Owner

Date

SECTION 4

Office Use Only

Approved: _____ Refused: _____ Fee\$: _____

Development Permit No: _____ Date Issued: _____ Expiry Date: _____

License No. _____ Roll No. _____

The information being collected under the authority of the Town of Valleyview Business License By-Law # 93-09 as amended from time to time and in accordance with the Freedom of Information and Protection of Privacy Act.

Questions regarding the collection and use of this information can be directed to the
Town of Valleyview Office, Box 270 Valleyview, Alberta T0H 3N0 (780-524-5150).

Business Licenses: Box 270, Valleyview Alberta T0H 3N0 Phone: 780-524-5150 / Fax 780-524-2727

www.valleyview.ca