

It is the responsibility of the applicant to contact:
 Health Inspector at 780.679.2980
 Fire Inspector at 780.672.2906

New Account Number: _____
 Previous Account Number: _____
 Roll: _____
 Lot/Block/Plan: _____
 Receipt Number: _____

* Indicates mandatory fields. These must be complete for your application to be accepted.

Type of Application:		
*Please check one: <input type="checkbox"/> Change of Business Ownership <input type="checkbox"/> Change of Mailing Address		
If change of ownership, previous owner must cancel their current business license		
Change of Ownership (new information)		
*Name of Business:		
*Provincially Registered Business Name (If Applicable):		
*Location of Business:		
*City:	*Province:	*Postal Code:
*Phone Number:	*Email Address:	
*Business Owner Name:		
Change of Mailing Address		
Current Mailing Address on file:		
New Mailing Address:		
City:	Province:	Postal Code:
Acknowledgement		
By signing this form, I hereby make application for a license in accordance with the particulars as above stated and declare that the above statement is true and correct. I undertake that if granted, the license applied for, I will comply with each and every obligation contained in all the Laws and Bylaws now in force or which may hereafter come into force in the City of Camrose. I further understand that if this application involves the use of premises for business purposes that they may not be occupied until they have been inspected by the authorities concerned and a license issued. I also understand that if I am no longer operating my business, it is my responsibility to cancel my license with the City of Camrose to avoid renewal and charges.		
Name of Applicant (printed)	Signature of Applicant	Date
Note: There will be a non-refundable application fee (in addition to the License fee as calculated). For an explanation of regulations and fees, please review the Business Licenses Bylaw #3003-18 and the Fees & Charges Bylaw #3227-22, amended from time to time by visiting www.camrose.ca		
Building Inspector	Date Signed	
Health Inspector	Date Signed	
License Inspector	Date Signed	
Fire Inspector	Date Signed	
License Number	Date Entered	