

Account Number: _____

Roll: _____

Lot/Block/Plan: _____

Receipt Number: _____

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

Type of License Application:		
*Please check one:	<input type="checkbox"/> New License	<input type="checkbox"/> Change of Business Location
	<input type="checkbox"/> Seasonal (Up to 6 Months)	<input type="checkbox"/> Change of Mailing Address
		<input type="checkbox"/> Change of Business Ownership
Business Information		
*Name of Business:		
*Provincially Registered Business Name (If Applicable):		
*Location of Business:		
*City:	*Province:	*Postal Code:
*Phone Number:	*Email Address:	
*Contact Person	*Title/Position	
Business Mailing Address		
<input type="checkbox"/> Same as above		
Mailing Address:		
City:	Province:	Postal Code:
Building Owner Information		
*Name of Owner:		
*Address:		
*City:	*Province:	*Postal Code:
*Phone Number:	*Email Address:	
Business Details		
*Description of business being conducted: <i>(Please describe products or services being provided.)</i>		
Business Type		
<input type="checkbox"/> Accommodations	<input type="checkbox"/> Health Services	
<input type="checkbox"/> Animal Services	<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Arts & Entertainment	<input type="checkbox"/> Personal Services	
<input type="checkbox"/> Automotive/Vehicles	<input type="checkbox"/> Professional Services	
<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Retail Alcohol	
<input type="checkbox"/> Construction/Trades	<input type="checkbox"/> Retail General	
<input type="checkbox"/> Education Services	<input type="checkbox"/> Retail Smoke Products	
<input type="checkbox"/> Food Services	<input type="checkbox"/> Sports/Recreation	

Applications can be emailed to planning@camrose.ca or in person at City Hall 5204 – 50 Avenue T4V 0S8 Page 1 of 2

The information on this form is collected solely for the purpose of administering the City of Camrose's Business License Program. Where applicable the information shall be administered in accordance with the Freedom of Information and Protection of Privacy Act (FOIP)

*Is the business sharing, renting or leasing space from an existing business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permits		
*Is the business location currently under construction or going to be renovated for business?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you may require additional permits.	
*Does the business require exterior signage on a commercial or industrial property?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you may require additional permits.	
Acknowledgement		
<p>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.</p>		
Name of Applicant (printed)	Signature of Applicant	Date
<p>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</p>		
City Information Services:		
Would you like to receive:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	City related information	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Share my business information with the Chamber of Commerce	
For Office Use Only:		
Building Inspector/Date signed	Development Officer/Date signed	
Health Inspector/Date signed		
License Inspector/Date signed	Fire Inspector/Date signed	
License Number	Date Entered	
Comments:		

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