



Home Business License Application

Account Number: _____

Roll: _____

Lot/Block/Plan: _____

Receipt Number: _____

Home: OCC OFF

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)	Previous Location: _____
		<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: _____
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*Phone Number: () -	*Email: _____
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*Contact Person: _____	*Title/Position: _____
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Business Mailing Address

Same as above

Mailing Address: _____

City: _____	Province: _____	Postal Code: _____
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Property Owner Information (Only Applicable if Tenant)

*Name of Owner: _____

*Address: _____

*City: _____	*Province: _____	*Postal Code: _____
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*Phone Number: _____	*Email Address: _____
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Business Details

*Description of business being conducted: _____
(Please describe products or services being provided.)

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 Service	<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 there a secondary suite on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Number of on site parking stalls provided: _____	
*Are there any commercial vehicles used for this business? If yes, describe type of vehicle: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Will the business use an accessory building, or have customers attending the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Number of Employees on site: _____	
Permits	
*Is the property location currently under construction or going to be renovated for business? If Yes, you may require additional permits.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
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:	