

Account Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Type of License Application:		
<p>*Please check one:</p> <p> <input type="checkbox"/> Business from Camrose County    <input type="checkbox"/> Change of Mailing Address  <input type="checkbox"/> Outside Camrose County    <input type="checkbox"/> Change of Business Ownership  <input type="checkbox"/> Seasonal (Up to 6 Months)    <input type="checkbox"/> License Replacement or Amendment         </p>		
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:
Business Details		
<p>*Description of business being conducted:  <i>(Please describe products or services being provided.)</i></p>		
Business Type		
<input type="checkbox"/> Accommodations <input type="checkbox"/> Animal Services <input type="checkbox"/> Arts & Entertainment <input type="checkbox"/> Automotive/Vehicles <input type="checkbox"/> Child Care Services <input type="checkbox"/> Construction/Trades <input type="checkbox"/> Education Services <input type="checkbox"/> Food Services	<input type="checkbox"/> Health Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Personal Services <input type="checkbox"/> Professional Services <input type="checkbox"/> Retail Alcohol <input type="checkbox"/> Retail General <input type="checkbox"/> Retail Smoke Products <input type="checkbox"/> Sports/Recreation	

\*This License is  Temporary  Renewable

**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](http://www.camrose.ca)**

**City Information Services:**

Would you like to receive:

- Yes  No      **City related information**  
 Yes  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: