





**Move my business**

**Business Identification Number (BID #)** \_\_\_\_\_

**Related Development or Building Permit #** \_\_\_\_\_

(where applicable)

**Old business location address:** \_\_\_\_\_

Closed date: \_\_\_\_\_  
YYYY-MM-DD

Move out date: \_\_\_\_\_  
(commercial premises) YYYY-MM-DD

**New business location address:** \_\_\_\_\_

Move-in date: \_\_\_\_\_  
YYYY-MM-DD

Open date: \_\_\_\_\_  
YYYY-MM-DD

**Close my licence**

**Business Identification Number (BID #)** \_\_\_\_\_

Closed date: \_\_\_\_\_  
YYYY-MM-DD

Move out date: \_\_\_\_\_  
(commercial premises) YYYY-MM-DD

**SECTION 2: Business Activities**

**Describe Business Activities**

(explain how the business will operate and list all services it will provide)

Additionally, business activity will include:  Prepaid contracting ([definition](#))  Direct selling ([definition](#))

**SECTION 3: Contact Information**

**Business Information**

Business phone number: (\_\_\_\_) \_\_\_\_\_

Same as applicant

Business email address: \_\_\_\_\_

Same as applicant

Business website: \_\_\_\_\_

**Mailing Address**  Same as location address

(please select one)  Different from business location (please fill out the applicable addresses below):



Business licence: \_\_\_\_\_

Licence invoice: \_\_\_\_\_

Business tax (if applicable): \_\_\_\_\_

**Business Contact Person(s)**

Please provide contact information for all individuals who will represent your business at the city, if applicable

Business Manager

Property Manager

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

**SECTION 4: Business Ownership**

**Ownership Type**

**Corporation or corporate partnership** \_\_\_\_\_  
Complete legal name(s)

Corporate Access Number \_\_\_\_\_  Registered in Alberta OR \_\_\_\_\_ Province

**Sole Proprietor or Partnership**

**Charitable Organization** (if applicable) Charitable Registration Number: \_\_\_\_\_

**Owners**

List the sole proprietor, all partners or all director(s) as registered with provincial or federal corporate registries:

Last name	First name	Complete middle name	Position		Date of birth (YYYY-MM-DD)
Home address		City	Province	Postal code	Home number ( )
Gender (circle one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Alias or previous name		Personal email		
Last name	First name	Complete middle name	Position		Date of birth (YYYY-MM-DD)
Home address		City	Province	Postal code	Home number ( )
Gender (circle one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Alias or previous name		Personal email		



Last name		First name		Complete middle name		Position		Date of birth (YYYY-MM-DD)	
Home address				City		Province	Postal code	Home number ( )	
Gender (circle one) <input type="checkbox"/> Male <input type="checkbox"/> Female		Alias or previous name				Personal email			
Last name		First name		Complete middle name		Position		Date of birth (YYYY-MM-DD)	
Home address				City		Province	Postal code	Home number ( )	
Gender (circle one) <input type="checkbox"/> Male <input type="checkbox"/> Female		Alias or previous name				Personal email			
Last name		First name		Complete middle name		Position		Date of birth (YYYY-MM-DD)	
Home address				City		Province	Postal code	Home number ( )	
Gender (circle one) <input type="checkbox"/> Male <input type="checkbox"/> Female		Alias or previous name				Personal email			
Last name		First name		Complete middle name		Position		Date of birth (YYYY-MM-DD)	
Home address				City		Province	Postal code	Home number ( )	
Gender (circle one) <input type="checkbox"/> Male <input type="checkbox"/> Female		Alias or previous name				Personal email			
Last name		First name		Complete middle name		Position		Date of birth (YYYY-MM-DD)	
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Home address				City		Province	Postal code	Home number ( )	
Gender (circle one) <input type="checkbox"/> Male <input type="checkbox"/> Female		Alias or previous name				Personal email			
Last name		First name		Complete middle name		Position		Date of birth (YYYY-MM-DD)	
Home address				City		Province	Postal code	Home number ( )	
Gender (circle one) <input type="checkbox"/> Male <input type="checkbox"/> Female		Alias or previous name				Personal email			

The personal information on this form is being collected under the authority of The City of Calgary Business Licence Bylaw 32M98 (Section 4) and amendments thereto. This information is being collected for the purpose of determining the applicant's eligibility to be granted a City of Calgary business licence. It may be shared with relevant City of Calgary departments, and/or any other applicable Municipal, Provincial or Federal agencies required as part of the business licence application process. It may also be used to conduct ongoing evaluations of services received from Planning, Development & Assessment. The name of the licence holder and the nature of the licence will be available to the public. Please send inquiries by mail to the FOIP Program Administrator, Planning, Development & Assessment, PO Box 2100, Station M, Calgary, AB T2P 2M5 or contact us by phone at 311.