

### **Application for a Business Licence**

Business Information LP 1015 (R2014-05)

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# Business Licence and Registration

• Apply by phone: Have your VISA, MasterCard, or American Express ready and call 403-268-5311.

• Apply in person: Planning Services Counter, 3<sup>rd</sup> floor, 800 Macleod Trail S.E.

A non-refundable licence fee is required before an application can be processed.

VISA, MasterCard, American Express, debit, cheque, or cash payments accepted.

Apply by fax: 403-537-3034 Note: You will be contacted for payment
 Apply by email: fnlcmail@calgary.ca Note: You will be contacted for payment

Appry by email. <u>inicital@calgary.ca</u>	ote. Fou will be contacted for payment					
Applicant's Name	Applicant Contact Information					
Applicant & Name	Applicant Contact morniagon					
	Business: ()					
Business Trade Name	Home: ()					
	Cell: ()					
	Email:					
SECTION 1: Purpose of application (check one that applies to	pelow)					
☐ Apply for a new licence						
Related Development or Building Permit #	(where applicable)					
Business Location Address						
Unit Building number Street name Street type C Select one:	Quadrant City Province Postal Code					
Commercial location						
Leasing commercial space: Yes No If yes, what is the lease area in square feet or square metres:						
Sub-tenant of commercial space; sharing with						
Home-based business (Home Occupation clearance required). Appli	cation type attached:					
Home Occupation – Class 1						
Home Occupation – Class 2						
Non-resident of Calgary						
(Business is run from outside the city of Calgary but you will come into	,					
Move-in date: Open date: _	YYYY- MM-DD					
Update information on my licence						
Business Identification Number (BID #)						
Change mailing address:						
Change phone number: ()						
Change my business trade name:						



(please select one)

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☐ Move my business	
Business Identification Number (BID #)	Related Development or Building Permit #
	(where applicable)
Old business location address:	, , , ,
Closed date: M	ove out date:
YYYY-MM-DD (C	ommercial premises) YYYY-MM-DD
New business location address:	
Move-in date: O	pen date:
YYYY-MM-DD	YYYY-MM- DD
☐ Close my licence	
Business Identification Number (BID #)	<del></del>
Closed date: M	ove out date:
YYYY-MM-DD (C	ommercial premises)
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:	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 addr	ess

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



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PLANNING, DEVELOPMENT & ASSESSMENT

Business Licence and Registration

Business licence: _							
Licence invoice:							
Business tax (if applicable):							
Business Contact Person(s)							
Please provide contact inform	nation for all individuals who	will represent your busine	ss at the cit	y, if applicable			
Business Manager		<del></del>			· · · · · · · · · · · · · · · · · · ·		
Property Manager	First Name Last Name						
	Primary Phone Number	Email Addr	ess				
	Street Address						
	City	Province	Country		Postal Code		
SECTION 4: Business	Ownership						
Ownership Type							
	te partnership						
	te partifersing	Complete leg	gal 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 pa	urtners or all director(s) as reg		federal corp	orate 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) A	Alias or previous name		Personal e	 email	)		
☐ Male ☐ Female							
Last name	First name	Complete middle name	Position		Date of birth (YYYY-MM-DD)		
Home address		City	Province	Postal code	Home number		
l <u> </u>	Alias or previous name	1	Personal e	email			
Male Female							



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Home address		City	Province Postal code	Home number	
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Gender (circle one)	Alias or previous name		Personal email		
☐ Male ☐ Female					
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Home address		City	Province Postal code	Home number	
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Last name	First name	Complete middle name	Position	Date of birth	
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Home address		City	Province Postal code	Home number	
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				( )	
Gender (circle one)	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.