



APPLICATION for Business License

Town of Drayton Valley
Planning & Development Department
5120 – 52nd Street, Box 6837
Drayton Valley, AB T7A 1A1
Phone: (780) 514-2200
Fax: (780) 542-5753
www.draytonvalley.ca

FOR BUSINESSES TO BE OPERATED IN COMMERCIAL & INDUSTRIAL ZONED AREAS ONLY

*All Sections Must Be Completed In **FULL**
~PLEASE PRINT~*

OFFICE USE ONLY

License #: _____ Customer #: _____
Application Fee: \$ _____ Receipt #: _____
Date Received: _____
Date Issued: _____

APPLICANT INFORMATION (to be completed by the individual making application for Business License)

Applicant's Name: _____

Applicant's Address: _____
(City) (Province) (Postal Code)

Work Phone: (____) _____; Home Phone: (____) _____

Cell Phone: (____) _____; Fax: (____) _____

BUSINESS INFORMATION (information specific to the proposed business operations)

Legal Business Name (if registered corporation): _____

Operating Business Name: _____

Number of Employees: Full Time: _____ Part Time: _____

Business Legal Land Description: Lot _____, Block _____, Plan _____ Zoning: _____

Business Mailing Address: _____
(City) (Province) (Postal Code)

Business Street Address: _____
(City) (Province) (Postal Code)

Business Owner's Name: _____ E-mail address: _____

Home Phone: (____) _____; Business Phone: (____) _____; Cell Phone: (____) _____

Business Owner's Address: _____
(City) (Province) (Postal Code)

Business Description (please be specific – ie: “retail – sporting goods and clothing”):

Information supplied in this section will be made available to the public to assist in marketing your business through printed and web directories, such as the Town's webpage and AlbertaFirst.com.

REGISTERED LAND OWNER (to be completed by registered landowner, as noted on a Certificate of Title.)

I, (Print Name) _____, hereby certify that:

1. I am the registered owner of the land described above; or
1. I am the representative of the registered owner of the land described above (explanation of signing authority – ie. “director of company”, “property manager”) _____*
2. **I am aware of the business being operated on my property by the above-noted party, and hereby consent to such use.**

Signature: _____

Mailing Address: _____
(City) (Province) (Postal Code)

Phone No.: (____) _____ (____) _____
(Home) (Work)

* Proof of signing authority may be required prior to issuance of Business License.

CONTINUED ON REVERSE ...



APPLICATION for Business License

Town of Drayton Valley
 Planning & Development Department
 5120 – 52nd Street, Box 6837
 Drayton Valley, AB T7A 1A1
 Phone: (780) 514-2200
 Fax: (780) 542-5753
 www.draytonvalley.ca

FOR BUSINESSES TO BE OPERATED IN COMMERCIAL & INDUSTRIAL ZONED AREAS ONLY

DETAILS OF PROPOSED DEVELOPMENT FOR BUSINESS

1. Are you renovating or altering the building to accommodate the business? Yes No
If yes, you must make separate application for Development Permit and/or Building Permit, as required and return same with this Business License Application.

APPLICANT SIGNATURE

DATE

NOTES:

- Any activity carried out prior to obtaining the required Permit Approval(s) signed by an authorized Development Officer of the Town of Drayton Valley and prior to the appeal expiry date is at the applicant's own risk.
- The information on this form is collected under the authority of Paragraph 32c of *The Alberta Freedom of Information and Protection of Privacy Act*, RSA, 2000, Ch. F-18.5, and shall only be used for the purpose for which it was collected.
- Advice of any change of ownership, closure, etc., must be provided to the Town in writing. Failure to provide such notice may result in a penalty.

FOR OFFICE USE ONLY

Zoning: _____	Permitted Use / Discretionary Use	Referral Required: Yes / No
Approved / Refused	_____ Planning & Development Officer	_____ Date

NOTE : PAYMENT OF BUSINESS LICENSE FEES (BY CHEQUE OR CASH) MUST BE SUBMITTED WITH THE APPLICATION. IF PAYMENT IS NOT PROVIDED AT THAT TIME, THE APPLICATION WILL NOT BE PROCESSED.