

Business Registry 902-7<sup>th</sup> Avenue Canmore AB, T1W 3K1 Office: 403-678-1523 <u>businessregistry@canmore.ca</u>

## Regional Business Licence Application

Section A – Contact Information			
Registered Name of Business: Operating As (If different from above	)•		
Location of Business Premises:	Unit:	Street Number:	Street Name:
Election of Busiless Fremises.	City/Town		Officer Name.
From where do you operate?	Commerc	ial Space	Residential / Home-Based Business
To verify that you are a business based in the residence (i.e. driver's licence with address in the residence with address in			<sup>f</sup> your commercial lease agreement or proof of ted. This will not be kept on file.
Mailing Address of Business:			
	ce/State:	Country:	Postal/Zip:
Business Owner(s):			
Phone: Email:			
Alternative Contact and Position:			
Phone: Email:			
Section B – Business Profile			
Describe products and/or services:			
Exempt profession? (See website for details) Website:			
Section C – Micro-Business Declaration - For home-based business, only. Check the option that applies to your business			
Supporting documentation may be requested deemed necessary. Unlawful declarations will result in fines. Yes, I declare that my business earns gross revenue of less than \$30,000 per year. No, my business earns more than \$30,000 gross per year By checking this box, I consent to using my electronic signature in lieu of an original signature on paper.			
Signature of Declarant	Date	Approver Sign	ature (Town of Canmore Business Registry)
Section D – Applicant Statement			
<ul> <li>I confirm that the information provided in this application form and in supporting documents is correct, and agree to comply with all relevant provisions of the Business Registry Bylaw 2024-27 and other applicable Town Bylaws</li> <li>I authorize the Town of Canmore to investigate the validity of my/our stated information as they deem necessary in their sole judgement.</li> <li>I acknowledge that the business has complied with all Federal, Provincial, Municipal, and Health Authority licensing, authorization, or registration requirements.</li> </ul>			
By checking this box, I agree to a an original signature on paper.	the statement	above and consent to	using my electronic signature in lieu of
Signature of Applicant:			
Applicant's Name:			Date:
FOIP Notification: Your personal information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. The personal information you provide on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used for the purposes of administering billing and notifications for the Town of Canmore, This document is used to create your electronic file for the Business Registry. If you have any questions about the collection or use of this information, please contact the FOIP Coordinator, Town of Canmore, 902-7 <sup>th</sup> Avenue, Canmore, AB T1W 3K1, (403) 678-1509.			