



**TOWN OF VAUXHALL
BUSINESS LICENSE APPLICATION**

New License Application OR
 Update existing information – Please include your existing Business License Number _____

SECTION A:

BUSINESS INFORMATION: COMMERCIAL LOCATION HOME OCCUPATION NON-RESIDENT

REGISTERED BUSINESS NAME: _____

OPERATING BUSINESS NAME: _____

LOCATION OF BUSINESS PREMISES: LOTS(S) _____ BLOCK _____ PLAN _____

BUSINESS ADDRESS (CIVIC): _____

(MAILING): _____

TELEPHONE #: _____ FAX #: _____

EMAIL: _____ WEB SITE ADDRESS: _____

TYPE OF BUSINESS: (Describe nature of your business and your business activities)

CONTACT PERSON (Optional): _____

SECTION B:

APPLICANT INFORMATION:

NAME (PRINT): _____

ADDRESS (CIVIC): _____

(MAILING): _____

TELEPHONE #: _____ EMERGENCY TELEPHONE #: _____

APPLICANTS SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

DAILY ANNUAL

PLEASE NOTE THAT COPIES OF ALL LICENSES, PERMITS, CERTIFICATES or OTHER DOCUMENTS OF QUALIFICATION REQUIRED UNDER THIS OR ANY OTHER BYLAW OR UNDER ANY STATUTE OF CANADA OR THE PROVINCE OF ALBERTA MUST BE ATTACHED TO THE APPLICATION (ie: AMVIC Licenses, Health Authority Food Establishment Permits, ALCB Licenses, Development Permits, etc.)

The personal information on this form is being collected under section 33 of the Freedom of Information and Protection of Privacy Act (FOIPP) and may be used to notify the Applicant in regard to: eligibility to obtain/renew a Business License, revocation of a Business License, a violation under the Business License Bylaw or in case of emergency. You should be aware that information contained in Section "A" of this form will be made available on the Town's Web Site and may be disclosed to members of the public accordance with FOIPP. Should you have any questions or concerns regarding this collection of this information, please contact the CAO of the Town of Vauxhall at (403) 654-2174, fax (403-654-4110 or email cao@town.vauxhall.ab.ca