

## BUSINESS LICENCE APPLICATION

### NON-RESIDENT

<b>Business Information</b>					
<b>Legal Business Name</b>					
<b>Operating Business Name(s)</b>					
<b>Business Mailing Address</b>					
	(Street Address)	(City)	(Province)	(Postal Code)	
<b>Business Site Address</b>					
	(Street Address)	(City)	(Province)	(Postal Code)	
<b>Business Description</b>					
<b>Duration of Licence</b>	<input type="checkbox"/> One Day	<input type="checkbox"/> One Week	<input type="checkbox"/> One Month	<input type="checkbox"/> Four Months	<input type="checkbox"/> One Year
If purchasing a temporary licence, please indicate the start date and expiration date					
	(Start Date)			(End Date)	
Is your business eligible for a <b>provincial exemption</b> ? If so, please attach documentation.	Licence Attached?		Is your business a <b>registered non-profit organization</b> ? If so, please attach proof of non-profit status	Proof Attached?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Contact Information</b>					
<b>Work Phone</b>			<b>Cell Phone</b>		
<b>Primary Contact</b>			<b>Email</b>		
<b>Business Owner Information</b>					
If the business is a corporation or has multiple owners, please attach a list to this application form that contains the <b>full name, mailing address, telephone number, and email address</b> of the principal managing employee(s) or board members				List Attached?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>IF THERE IS NO LIST ATTACHED, PLEASE COMPLETE THE FOLLOWING SECTION:</b>					
<b>Business Owners Name</b>					
<b>Owner's Mailing Address</b>					
	(City)	(Province)	(Postal Code)		
<b>Owner's Site Address</b>					
	(City)	(Province)	(Postal Code)		
<b>Work Phone</b>			<b>Cell Phone</b>		



TOWN OF DRUMHELLER  
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403-823-6300  
FAX 403-823-7739  
www.drumheller.ca

**Applicant's Declaration:**

In submitting this form, I am/We are declaring this information to be true and complete to the best of mine/our knowledge

Applicant Name	Signature	Date

	I have read and understand the Town of Drumheller Business Licence Bylaw and agree to comply with all the provisions within this Bylaw and all Federal, Provincial and Municipal Statutes
(Initial Here)	

Approval of this Business Licence does not exempt the applicant from obtaining necessary permits required through Municipal Bylaw or Provincial Laws and Regulations. This information is being collected under the authority of the Town of Drumheller for the purpose of providing licensing and advertising. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. For more information contact the Town of Drumheller FOIP Coordinator at [info@drumheller.ca](mailto:info@drumheller.ca) or 403-823-1339.

Office Use Only			
Permit #		Receipt #	