

## NON-RESIDENT BUSINESS APPLICATION FORM

### Application Type

NEW BUSINESS:       or      CHANGES TO AN EXISTING BUSINESS LICENCE:  (What were the changes?)  
 Current Business Licence #: \_\_\_\_\_  
 Name Change: \_\_\_\_\_

### Principal Owner / Licensee Information

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 BUSINESS PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

The personal information on this form is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) to assess all matters relevant to your application for this licence. The City may request input from employees of other City of Edmonton departments, Alberta Health Services, Edmonton Police Service, and/or Alberta Gaming and Liquor Commission in order to properly assess your application for this licence or to determine appropriate conditions, if any, for this licence. Therefore, the City requests your written consent to disclose the personal or other information provided in your application to other City employees or to the other named entities as may be required for these purposes, pursuant to section 40(1)(d) of FOIP. If you have any questions regarding the collection, use, or disclosure of your personal information please contact Service Advisor, Edmonton Service Centre, 2nd floor, 10111 - 104 Avenue NW, Edmonton, AB, T5J0J4, 780-442-5054.

### Business Registration Type:

#### IF SOLE PROPRIETOR:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 BUSINESS OPERATING/TRADE NAME: \_\_\_\_\_

#### IF PARTNERSHIP (please list all partner's names):

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 BUSINESS OPERATING/TRADE NAME: \_\_\_\_\_

#### IF CORPORATION or LIMITED LIABILITY COMPANY: (A corporate registry search must be supplied no older than 90 days):

LEGAL ENTITY: \_\_\_\_\_  
 CORPORATE ACCESS # (IF APPLICABLE): \_\_\_\_\_  
 BUSINESS OPERATING/TRADE NAME: \_\_\_\_\_

### Operating Questions Complete the following:

\* Describe your business activity. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Payment Information

Licences are not issued until all licence fees are paid. Business licence fees vary depending on the category(s) your operations are classified into.  
 If applying in person, payment options are: cash, debit, cheque or credit card.  
 If applying by email or mail: we will call you at the time of application processing to advise you of the cost of your licence and you may pay by credit card.  
 Normal office hours are Monday to Friday 8:00 – 4:30, with the exception of closures for holidays.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_