



10511 – 103 Street  
 High Level, AB  
 T0H 1Z0  
 Ph: 780-926-2201  
 Fax: 780-926-2899

# Business Licence

Application Form

Businesses operating in the Town of High Level are required to have a valid business licence. The information requested in this application is necessary to complete a full evaluation of your request for a business licence.

**Businesses shall not commence prior to a licence being issued.**

- 1) Licence fees apply to each calendar year Jan 1 to Dec 31.
- 2) If the licence is approved, licence fees are non-refundable.
- 3) Please be advised you may be required to obtain a Development and/or Building Permit before Business Licence approval and issuance.

OFFICIAL USE ONLY				
Business License #	Non-Refundable Fee	Date Received	Date Approved	Receipt Number
	\$			

<b>Application Date:</b>	<b>Type of Application</b>
	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Change of address <input type="checkbox"/> Out of Town

**Business Information**

<b>Business Name (Operating name)</b>		<b>Business Number</b>	
<b>Location of Business</b>		<b>Mailing Address (If different from business address)</b>	
Address: City/Town: Province: Postal Code:		Address: City/Town: Province: Postal Code:	
<b>Owner of Business (and Legal or registered name)</b>		<b>Phone Number(s)</b>	
		Business Number: Cellphone: Other: Fax:	
<b>Number of People Working in the Business (Including owners)</b>		<b>Trade Qualification or Certification Number (If applicable)</b>	
<b>Full Time</b>			
<b>Part Time</b>			
<b>Seasonal</b>			



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**Description of Business:** please provide a complete description of your business operations.

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## Emergency Contact

Name :  
Phone:

## High Level Chamber of Commerce

<input type="checkbox"/>	The Town of High Level has my permission to share my business information with the High Level Chamber of Commerce.
<input type="checkbox"/>	The Town of High Level has my permission to share my business information on the Town of High Level Website Under the Business Directory ( <a href="http://www.highlevel.ca/141/Business-Directory">http://www.highlevel.ca/141/Business-Directory</a> )

Website (If applicable)	Business Email
Please send a digital copy of your business logo (png, jpeg, bmp,) to <a href="mailto:development@highlevel.ca">development@highlevel.ca</a> (if applicable)	

## APPLICANT'S ACKNOWLEDGEMENT

I, \_\_\_\_\_ hereby make an application for a licence in accordance with the particulars as stated in this application, and declare the information in the application to be true and correct. I undertake to supply to the Deputy Licence Inspector all documents, paper, or certificates both requested by this division and required by other Federal, Provincial or Municipal Act and Regulations. I undertake to comply with all Bylaws of the Town of High Level and all other laws now in force or which may hereinafter come into force. I also understand that payment of the Business Licence fee in advance does not guarantee approval of the licence and **I cannot commence business operations until such time as a Business Licence has been approved and issued.**

Signature	Date
Please submit your completed Business Licence application to: <a href="mailto:development@highlevel.ca">development@highlevel.ca</a>	



TOWN OF

**HIGH LEVEL**

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## OFFICE USE ONLY

Method of Payment		Approvals Attached		
<input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Other _____		<input type="checkbox"/> Building Inspector <input type="checkbox"/> N/A <input type="checkbox"/> Planning Department <input type="checkbox"/> N/A <input type="checkbox"/> Fire Department <input type="checkbox"/> N/A <input type="checkbox"/> Health Inspector <input type="checkbox"/> N/A <input type="checkbox"/> Operations <input type="checkbox"/> N/A		
Card Number				
		CVC/CVV		EXP
Licence Inspector Signature		Date		

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.