

Office use only: File No. _____ Roll No. _____
Date Received _____ Legal File No. _____
DP No. _____ Linc No. _____

Business License Application

NEW BUSINESS ☐ EXISTING BUSINESS ☐ HOME-BASED BUSINESS? YES ☐ NO ☐
IS THE BUSINESS TEMPORARY? YES ☐ NO ☐ IF YES, START DATE _____ END DATE _____

BUSINESS CONTACT INFORMATION

APPLICANT:		BUSINESS NAME:	
MAILING ADDRESS:			
TELEPHONE:		BUSINESS PHONE NUMBER:	FAX:
WEBSITE:		E-MAIL:	
BUSINESS LOCATIONS (Rural Address)			

LEGAL DESCRIPTION:

QTR/LSD	SEC	TWP	RGE	W5M	OR	REGISTERED PLAN	BLOCK	LOT
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BUSINESS OPERATION DETAILS

Describe the Business operation / what services and/or products do you offer the customer?

NUMBER OF EMPLOYEES (approximately): _____

Will the business be advertised/marketed/have a sign? If yes, describe the advertising/marketing/signage details:

Check off the category or categories that best describe your business (maximum of 2):

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting/Office Business | <input type="checkbox"/> Emergency/Security Services | <input type="checkbox"/> Plumbing/Heating/Electrical |
| <input type="checkbox"/> Agriculture/Ag Services | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Animal Services/Supplies | <input type="checkbox"/> Equipment Construction | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Artisan/Giftware | <input type="checkbox"/> Financial/Insurance Services | <input type="checkbox"/> Recycling/Waste Management |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Gas Bar/Convenience Store/Fuel | <input type="checkbox"/> Restaurants/Coffee Shops |
| <input type="checkbox"/> Beauty Salons/Spa | <input type="checkbox"/> Groceries/Catering/Liquor | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Builders- Home/Commercial/Industrial | <input type="checkbox"/> Hotels/Motels/Bed & Breakfast | <input type="checkbox"/> Safety Training/Supplies |
| <input type="checkbox"/> Building Contracting/Services | <input type="checkbox"/> Landscaping/Yard Maintenance/Snow Removal | <input type="checkbox"/> Storage Rental Services |



- ☐ Building Materials/Supplies
- ☐ Cleaning Services
- ☐ Clothing Sales/Alterations
- ☐ Computer/Communications
- ☐ Educational Services

- ☐ Manufacturers/Distributors
- ☐ Medical/Health Services
- ☐ Oilfield Services/Supplies
- ☐ Other Services
- ☐ Personal Services

- ☐ Training/Employment Services
- ☐ Travel Services
- ☐ Transportation
- ☐ Utility Providers
- ☐ Welding Supplies/Services

OPPORTUNITY INCLUSION

Would you like to be listed on the Big Lakes County website business directory?

YES ☐ NO ☐

Would you like to be notified of networking opportunities within the County?

YES ☐ NO ☐

FINAL AUTHORIZATION

I hereby make application and acknowledge that the above information is, to the best of my knowledge, true and accurate.

Date

Applicant's Signature

Title (Owner, Operator, etc.)

The personal information on this form is being collected for the purpose of processing the Development Permit Application under the Authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP. If you have any questions about the collection, contact the Big Lakes County FOIP Assistant at phone 780-523-5955.