



BUSINESS LICENSE APPLICATION

Box 500, 1005 Ross Street.
Crossfield, Alberta, T0M 0S0
Phone: 403-946-5565 Fax: 403-946-4523

Application Status

New: _____ Renewal: _____ Information Update: _____

*For any new businesses, a Development Permit must be completed
and approved prior to start-up of the business in Town.*

SECTION 1

(Information supplied in this section will be made available to the public to assist in marketing your business through printed directories, and web directories such as the Town's webpage.)

Legal Business Name: _____

Operating/Trade Name: _____

Civic Address: _____ Mailing Address: _____

Town/City/Province: _____ Postal Code: _____ Fax: _____

Website: _____ Business Phone: _____

Email: _____ Contact Person: _____

Description of Business: _____

SECTION 2

BUSINESS OWNER INFORMATION will be received in confidence and shall be protected in accordance with the Freedom of Information and Protection of Privacy Act, RSA, 2000, c. F-25, paragraph 16 (1) b.)

Owner(s) Name: _____

Mailing Address: _____

Town/City/Province: _____ Postal Code: _____

Telephone: _____ Email: _____

I hereby certify that the above information is true and properly sets out the business which is presently carried on by the applicant, owner, or operator as the case may be. Approval of the Business License does not exempt the applicant from the obtaining necessary permits required through Municipal Bylaws and Provincial Statutory Regulations.

Signature of Applicant: _____ **Date:** _____