

SECTION 1: APPLICANT INFORMATION

Name:	
Address:	
Mailing Address (if different):	
Phone:	Email:
What is your affiliation to the Business?	
Type of Business Licence being requested: <input type="checkbox"/> Annual \$105.00 <input type="checkbox"/> Weekly \$35.00 <input type="checkbox"/> Daily \$20.00	
Are you the Registered Property Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if no, provide the following information:</i>	
Property Owner Name(s):	
Property Owner Address:	
Property Owner Phone:	Property Owner Email:
If you are not the Registered Property Owner, you must obtain the owner's permission to operate your business. The owner can sign this form or provide a letter indicating their permission.	

SECTION 2: BUSINESS INFORMATION

Legal Business Name:				
Business Trade Name (if different):				
Business Address:				
Lot:	Block:	Plan:	Roll:	Land Use District:
Business Mailing Address (if different):				
Business Phone:			Business Email:	
Describe the type and/or nature of the business:				
Hours of Operation:				
Do you require Provincial Licensing?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide your licence number: _____			If yes:	
Does your business involve food handling, personal hygiene, or beautification?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a health inspection? <i>(If yes, you must attach a copy of report)</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your business involve the automotive industry?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide your AMVIC Registration Number: _____			If yes:	
How many employees will you have?				
How many parking spaces do you have available to your business?				
Where will the employees and customers park?				
Do you use a vehicle or machinery in the operation of your business?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
What kind? _____			If yes:	
How much does it weigh? _____				
Where will it be parked or stored? _____				

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.



BUSINESS LICENCE APPLICATION COMMERCIAL

Will goods/materials, used in the operation of your business, be delivered to your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:
What kind? _____			
How often? _____			
If hazardous materials are used in the operation of your business, please attach a list of those materials. A fire inspection may be required.			
Will you deliver goods, materials, or services, to customers away from your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:
Where? (Cold Lake, surrounding area, etc.?) _____			
Is there any noise associated with your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:
What will cause the noise? _____			
During what hours will the noise occur? _____			
What type of business was operated in the location before you moved your business in?			
Does the location require renovations for the operation of your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:
Do you have the required permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:
Which permits have you obtained? _____	<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Gas <input type="checkbox"/> Plumbing

SECTION 3: DECLARATION

I, _____, hereby declare that:

- I have reviewed and understand the conditions/terms of the City of Cold Lake Business Licence Bylaw No. 675-PL-20 and that the business identified in this application will be conducted in accordance with the information submitted, and upon approval, will adhere to the conditions and provisions of the City of Cold Lake Business Licence Bylaw.
- I hereby grant the Development Authority Right of Access to conduct all necessary inspections on the subject property, with respect to this application. All work will be conducted in accordance with the plans submitted.
- I will notify the Development Authority of any changes to the information submitted with this application.
- I understand that Business Licence fees are due annually, by December 31.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

SECTION 4: CHECKLIST - COMMERCIAL BUSINESS LICENCE

- Application Fee** (non-refundable) *IF SUBMITTING BY MAIL PLEASE ENCLOSE A CHEQUE PAYABLE TO THE CITY OF COLD LAKE*
- Development Permit Obtained**, permit number _____
- Permission Letter from Property Owner**, if applicable
- Health Inspection Report**, if applicable
- List of Hazardous Materials**, if applicable
- Fire Inspection**, if applicable

Submit Completed Application in person or by mail to:

City of Cold Lake
5513 48 Avenue
Cold Lake, AB T9M 1A1

Or via email to planning@coldlake.com

OFFICE USE ONLY			
Received By: _____	Date Received: _____		
Fee Paid: <input type="checkbox"/> Annual \$105.00 <input type="checkbox"/> Weekly \$35.00 <input type="checkbox"/> Daily \$20.00	Receipt No.: _____		
Reviewed/Issued By: _____	Title: _____	Signature: _____	
Date Certificate issued: _____	Issued Via: <input type="checkbox"/> Pickup <input type="checkbox"/> Mail <input type="checkbox"/> Email		

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