



**BUSINESS LICENSE APPLICATION**  
Licensing Bylaw 451-C-06-00 / SCHEDULE A

NAME OF APPLICANT(S) \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

NAME OF PRODUCT: \_\_\_\_\_

PROVINCIAL LICENSE #: \_\_\_\_\_

LRPS APPROVAL (IF REQUIRED): \_\_\_\_\_

I/We hereby apply for a business license in accordance with the above mentioned bylaw to carry on business within the limits of the Town of Coaldale, and if applicable, any other participating municipality that is a co-signatory to the reciprocal business license memorandum of understanding.

I understand and authorize the municipality to conduct a police records check if so required by the municipality.

DATE: \_\_\_\_\_ APPLICANT SIGNATURE(S) \_\_\_\_\_

\_\_\_\_\_

The personal information requested on this form is being collected for the administration and billing of the Town of Coaldale, under the authority of the Municipal Government Act (MGA) and is protected by the Freedom of Information and Protection of Privacy Act (FOIP).

**OFFICE USE ONLY**

FEE: \_\_\_\_\_

DEVELOPMENT PERMIT #: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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