



BUSINESS LICENSE APPLICATION

1907 - 21 Avenue, P.O. Box 609, Nanton, AB, T0L 1R0

p 403.646.2029 f 403.646.4653

www.nanton.ca

Thank you for choosing Nanton as your business location. Applicants please complete the following:

- All sections of this application must be completed before the application can be processed. If a portion of this application does not apply, please mark N/A.
- Home occupation licenses require a development permit. Please contact the Planning & Development officer.
- Successful applicants will be issued a Town of Nanton business license. Payment of a business license does not constitute

New Application

Business License Renewal

| Resident Business License | | Non - Resident Business License | | Market Business License | |
|---------------------------|-------|---------------------------------|-------|-------------------------|-------|
| Annual | \$100 | Annual | \$200 | Annual | \$200 |
| Daily | \$50 | Weekly | \$100 | Daily | \$50 |
| | | Daily | \$50 | | |

****ALL LATE PAYMENTS ARE SUBJECTED TO A \$50 FEE**

Business Information:

| | | | |
|--|--|------|--|
| Business Name/Trade Name (Operating as): | | | |
| Corporation Name (if registered): | | | |
| Contact Name: | | | |
| Business Street Address: | | | |
| Business Mailing Address: | | | |
| Business Email: | | | |
| Business Phone: | | Fax: | |
| Business Website: | | | |
| Business Description: | | | |

Business Category (please check one):

- | | |
|--|--|
| <input type="checkbox"/> Agriculture, forestry, fishing and hunting | <input type="checkbox"/> Professional, scientific and technical services |
| <input type="checkbox"/> Mining, quarrying, and oil and gas extraction | <input type="checkbox"/> Management of companies and enterprises |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Administrative and support, waste management and remediation services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Educational Service |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Health care and social assistance |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Arts, entertainment and recreation |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Accommodation and food services |
| <input type="checkbox"/> Transportation and warehousing | <input type="checkbox"/> Other services (Except public administration) |
| <input type="checkbox"/> Information and Cultural Industries | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Finance and insurance | |
| <input type="checkbox"/> Real estate and rental and leasing | |

| | |
|--|--|
| Details of Hazardous Goods On Site (Must be completed if applicable) | |
|--|--|

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|--------------------------|
| Emergency Contact |
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|-------------------------|--|
| Primary Contact Name: | |
| Phone: | |
| Secondary Contact Name: | |
| Phone: | |

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|-----------------------------|
| Business Declaration |
|-----------------------------|

I hereby apply for a Business License under the provisions of the Town of Nanton Business Bylaw and as future amendments are approved. Payment of a business license does not constitute approval of a business license. In accordance with the bylaw, I acknowledge that I am in compliance with all Municipal, Provincial and Federal Bylaws, regulations and requirements, as they apply to my business activities. Failure to comply with other licensing may result in the termination of the Town of Nanton business license.

I confirm the information provided is true and accurate to the best of my knowledge.

Signature of Business Owner / Applicant

Date

- I consent to the publication of my business information on the FREE Town of Nanton Business Resource Directory.
- I consent to receive information on Town of Nanton business related information and programs.

The personal information collected on this form is collected under the authority of Section 33(c) of the Freedom and Protection of Privacy (FOIP) Act for the purpose of administering the Town of Nanton business license program, and will be managed in accordance with the provisions of FOIP. Any questions concerning the collection or use of this information may be directed to the Chief Administrative Officer as the Head of FOIP at the Nanton Town Office, 1907 - 21 Avenue, P.O. Box 609, Nanton, AB, T0L 1R0.

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|----------------------------|
| FOR OFFICE USE ONLY |
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| | |
|--------------------------------------|--|
| Tax Roll _____ | Receipt Number _____ |
| Customer ID number _____ | Date _____ |
| License Number _____ | |
| Applicant I.D. Verified _____ | Certificate of Incorporation/ other documents scanned _____ |
| Approved by | Approved by |