



# 2017 BUSINESS LICENSE APPLICATION

- Is this Business      New  or  Existing
- Is this a Home-based Business?  No  Yes

**To Be Completed by the Applicant:**

Name of Applicant:	Telephone:	Cell:	Fax:
Accounting Address: (including postal code)	E-Mail Address:		
	Website Address:		
Legal Business Name:			
Business Known As:			
Street Address:			
Business Type:			
<b>Would you like to give permission to advertise your business on the Town of Innisfail website and Business Directory?</b>			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

FOR OFFICE USE ONLY:		
Roll #:	Home Occupation Permit #:	A/R #:

**APPLICANT DECLARATION:**

I certify that the information I have provided is true and accurate, and I agree to abide by all and any Bylaws, Rules and Regulations that now or hereafter may be in force with respect to the same trade, business or calling hereby licensed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The personal information requested on this form is being collected for the purpose of processing your application and is governed, authorized and protected by the Freedom of Information and Protection of Privacy Act (FOIP). By providing this information, you consent to its use for the above purposes. If you have any questions with respect to the collection or release of this information, please contact the Town of Innisfail FOIP Coordinator at (403) 227-3376.

**FOR OFFICE USE ONLY**

- Resident  \$100.00
- Non-Resident  \$300.00
- Daily – Resident  \$30.00/day
- Daily – Non-Resident  \$60.00/day
- Seasonal - Resident  \$100.00
- Seasonal – Non-Resident  \$300.00

License # \_\_\_\_\_

Date: \_\_\_\_\_

Development Officer \_\_\_\_\_

Licensing Inspector \_\_\_\_\_