



# 2024 BUSINESS LICENSE APPLICATION

**To Be Completed by the Applicant:**

Contact Name:	Work Phone:	Cell:	Fax:
Mailing Address: (including postal code)	E-Mail Address:		
	Website Address:		
Business Name:			
Business 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"/>
In what type of property is your business based? <input type="checkbox"/> A. Commercial <input type="checkbox"/> B. Private Residential		Number of Employees:	

**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

<b>Type of License:</b> Resident <input type="checkbox"/> \$100.00 Non-Resident <input type="checkbox"/> \$300.00 Commercial Mobile (NR) <input type="checkbox"/> \$150.00	<b>One-Day License (Max 3 consecutive days)</b> Daily – Resident <input type="checkbox"/> \$30.00/day Daily – Non-Resident <input type="checkbox"/> \$60.00/day Specify day(s) _____ _____
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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:		
Customer #:	Tax Roll #:	License #:
Development Permit: _____		License Inspector: _____
Permit Service Report: _____		