NON-RESIDENT BUSINESS APPLICATION FORM

Application Type

NEW BUSINESS: [☐] or CHANGES TO AN EXISTING BUSINESS LICENCE: [☐] (What were the changes?)

Current Business Licence #: ___________________________________________
Name Change: ______________________________________________________

Principal Owner / Licensee Information

LAST NAME: ______________________ FIRST NAME: ______________________ MIDDLE INITIAL: _____
BUSINESS ADDRESS: __________________________________________________
CITY: ____________________________ PROVINCE: ____________________ POSTAL CODE: ________________
BUSINESS PHONE #: ______________________ CELL #: ___________________ FAX #: ______________________
EMAIL: ____________________________ MAILING ADDRESS: __________________________________________

Business Registration Type:

IF SOLE PROPRIETOR:

LAST NAME: ______________________ FIRST NAME: ______________________
BUSINESS OPERATING/TRADE NAME: __________________________________________

IF PARTNERSHIP (please list all partner’s names):

LAST NAME: ______________________ FIRST NAME: ______________________
LAST NAME: ______________________ FIRST NAME: ______________________
LAST NAME: ______________________ FIRST NAME: ______________________

BUSINESS OPERATING/TRADE NAME: __________________________________________

IF CORPORATION or LIMITED LIABILITY COMPANY:

LEGAL ENTITY: ________________________________________________________
CORPORATE ACCESS # (IF APPLICABLE): _________________________________
BUSINESS OPERATING/TRADE NAME: __________________________________________

Operating Questions Complete the following:

* Describe your business activity. __________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Payment Information

Licences are not issued until all licence fees are paid. Business licence fees vary depending on the category(s) your operations are classified into.
If applying in person, payment options are: cash, debit, cheque or credit card.
If applying by email or mail: we will call you at the time of application processing to advise you of the cost of your licence and you may pay by credit card.
Normal office hours are Monday to Friday 8:00 – 4:30, with the exception of closures for holidays.

APPLICANT SIGNATURE: __________________________________________ DATE: __________________________

The personal information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) to assess all matters relevant to your application for this licence. The City may request input from employees of other City of Edmonton departments, Alberta Health Services, Edmonton Police Service, and/or Alberta Gaming and Liquor Commission in order to properly assess your application for this licence or to determine appropriate conditions, if any, for this licence. Therefore, the City requests your written consent to disclose the personal or other information provided in your application to other City employees or to the other named entities as may be required for these purposes, pursuant to section 40(1)(d) of FOIP. If you have any questions regarding the collection, use, or disclosure of your personal information please contact Service Advisor, Edmonton Service Centre, 2nd floor, 10111 – 104 Avenue NW, Edmonton, AB, T5J0J4, 780-442-5054.