

City of Oyen

BUSINESS LICENSE APPLICATION

PO Box 360

Oyen AB T0A 0A0

Phone (306) 633-3333

Fax (306) 633-3333



Business Name or Trade Name (operating as):		
Corporation Name (if applicable):		
Primary Contact Name:		Position:
Secondary Contact Name:		Position:
Business Description:		
Physical Location of Business		
Street Address:		
City/Town:	Province:	Postal Code:
E-mail Address:		
Bus. Phone:	Fax:	Cell:
Mailing Address for Business (if different from above)		
PO Box/Street Address:		
City/Town:	Province:	Postal Code:
Business Information		
Resident Please indicate if you reside in Oyen or elsewhere in Alberta. Development Permit # (if new) _____		Non-Resident Please indicate if you reside elsewhere than Oyen: _____
Type of Business (Please Check One)		
<input type="checkbox"/> Home Based Non GST Registered I am not registered for GST and my business is home based.		<input type="checkbox"/> Commercial <input type="checkbox"/> Retail
<input type="checkbox"/> Home Based GST Registered I am registered for GST and my business is home based.		
Length of Term		
<input type="checkbox"/> Term – Day	Specify Term	Annual Renewal Do you wish to renew your business license on the anniversary of the date of issue? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Term – Week	From: _____	
<input type="checkbox"/> Term – Month	To: _____	
Start Date of Business in Oyen:		<input type="checkbox"/> <input type="checkbox"/>
OFFICE USE ONLY		
Date Received:	Payment Amount:	Receipt #

ALBERTA PROVINCIAL LICENSING OF DESIGNATED BUSINESSES – My office is responsible for the administration of the provincial licensing of designated businesses. I am responsible for the administration of the provincial licensing of designated businesses. I am responsible for the administration of the provincial licensing of designated businesses.

Housing & Consumer Affairs – Contact Alberta Government Services 403-297-5743 www.gov.ab.ca/gs

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Bed and Breakfast Motel | <input type="checkbox"/> Prepaid Condo |
| <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Bed and Breakfast Motel | <input type="checkbox"/> Bed and Breakfast Motel | <input type="checkbox"/> Bed and Breakfast Motel |
| <input type="checkbox"/> Motel | <input type="checkbox"/> Motel | <input type="checkbox"/> Motel | <input type="checkbox"/> Motel |
| <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Bed and Breakfast Motel | <input type="checkbox"/> Bed and Breakfast Motel | <input type="checkbox"/> Bed and Breakfast Motel |

Provincial Licensing Number: _____

Alberta Motor Vehicle Industry Council – Contact 1-877-979-8100 www.amvic.org

- | | | |
|--|--|--|
| <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Motor Vehicle |
| <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Motor Vehicle |
| <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Motor Vehicle |

Provincial Licensing Number: _____

Alberta Funeral Services Regulatory Board – Contact 1-800-563-4652

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Funeral Home |

Provincial Licensing Number: _____

Real Estate Council of Alberta – Contact 1-888-425-2754 www.reca.ca

- | | | | |
|--------------------------------|---------------------------------|--|---|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Broker | <input type="checkbox"/> Mortgage Broker | <input type="checkbox"/> Property Manager |
|--------------------------------|---------------------------------|--|---|

Provincial Licensing Number: _____

Alberta Insurance Council – Contact 403-233-2929 www.abccouncil.ab.ca

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|--------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Broker | <input type="checkbox"/> Dealer |
|--------------------------------|---------------------------------|---------------------------------|

Provincial Licensing Number: _____

Alberta Gaming and Liquor Commission – Contact 403-292-7300 www.aglc.gov.ab.ca

- | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Liquor | <input type="checkbox"/> Liquor | <input type="checkbox"/> Liquor | <input type="checkbox"/> Liquor | <input type="checkbox"/> Liquor |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|

Provincial Licensing Number: _____

Health Inspection – Contact 403-502-8648 ext 1879 Kenneth.Ast@albertahealthservices.ca

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Food Service |
|---------------------------------------|---------------------------------------|

Provincial Licensing Number: _____

EXEMPTION

- ☐ Exempt from Municipal Licensing / Reason for Exemption: _____
Please provide copy of related legislation or certification for exemption.

DECLARATION

I hereby apply for an annual/term Business License, as per Town of Oyen Bylaw 808-11. I confirm that the information shown above, including name, address and category information are correct. I understand that a change to any existing information renders this registration VOID. I agree to provide the Town of Oyen with written notice of any further changes to this information.

I understand that I am responsible for the information provided and I agree to provide the Town of Oyen with written notice of any further changes to this information. I understand that I am responsible for the information provided and I agree to provide the Town of Oyen with written notice of any further changes to this information.

Signature of Applicant

Print Name

Date Signed

FOIP STATEMENT

This information is being collected under the authority of Municipal Government Act, RSA 2000, C. M-26 and will be used on the Town of Oyen's website and for service promotion as outlined in the Freedom Of Information Privacy Act.