



APPLICATION FOR A BUSINESS LICENCE

LP 1015 (R2017-06)

A non-refundable fee is required before the application can be processed.

- **Apply by phone:** Have your VISA, MasterCard, or American Express ready and call 403-268-5311.
- **Apply in person:** Planning Services Centre, 3rd floor, 800 Macleod Trail S.E.
VISA, MasterCard, American Express, debit, cheque, or cash accepted.
- **Apply by fax:** 403-537-3034 Note: You will be contacted for payment
- **Apply by email:** fnlcmail@calgary.ca Note: You will be contacted for payment
- **Apply online:** calgary.ca/businessregistration Note: You will be contacted for payment

| | |
|----------------------------|--------------------------------------|
| Applicant Name | Applicant Contact Information |
| Business Trade Name | Business: (____) _____ |
| | Home: (____) _____ |
| | Cell: (____) _____ |
| | Email: _____ |

SECTION 1: Purpose of application

Apply for a new licence

Related development or building permit # _____ (if applicable)

Business location address

| | | | | | | | |
|------|-----------------|-------------|-------------|----------|------|----------|-------------|
| Unit | Building number | Street name | Street type | Quadrant | City | Province | Postal Code |
|------|-----------------|-------------|-------------|----------|------|----------|-------------|

Select one:

Commercial location

Leasing commercial space: Yes No If yes, what is the lease area in square feet or square metres: _____

Sub-tenant of commercial space, sharing with _____

Home-based business ([Home Occupation](#) permit required). There are two types of home occupation permits:

[Home Occupation – Class 1](#)

[Home Occupation – Class 2](#)

Non-resident of Calgary

(Business is run from outside the city of Calgary, but you will do business in Calgary)

Move-in date: _____ **Open date:** _____
YYYY- MM-DD YYYY- MM-DD

Update information on my licence

Business identification number (BID#) _____

Change mailing address: _____

Change phone number: (____) _____

Change my business trade name: _____

Move my business**Business identification number (BID #)** _____**Related development or building permit #** _____

(if applicable)

Old business location address: _____

Closed date: _____

YYYY- MM-DD

Move out date: _____

(commercial premises)

YYYY- MM-DD

New business location address: _____

Move-in date: _____

YYYY- MM-DD

Open date: _____

YYYY- MM-DD

 Close my licence**Business identification number (BID #)** _____

Closed date: _____

YYYY- MM-DD

Move out date: _____

(commercial premises)

YYYY- MM-DD

SECTION 2: Business activities**Describe the services your business is providing**Additionally, will your business services involve: Prepaid contracting ([definition](#)) Direct selling ([definition](#))**For commercial locations only, answer the following questions**Is this the first business operating in a newly built building? Yes NoWill the business use or store any chemicals, hazardous materials, compressed gas or flammable materials? Yes NoWill the business activities produce any dust, smoke, off gassing, or hazardous fumes? Yes NoWill the business include the use or sampling of shisha, eCigarettes, or tobacco products? Yes NoWill the business operate a forklift (fuel or battery)? Yes NoWill the business cook or reheat food products for sale to the public? Yes NoWill the business include any vehicles service operations? Yes No

SECTION 3: Contact information**Business information**Business phone number: (____) _____ Same as applicantBusiness email address: _____ Same as applicant

Business website: _____

Mailing address Same as location address Different from business location (fill out the applicable addresses below): Business licence: _____ Licence invoice: _____ Business tax (if applicable): _____**Business contact person(s)**

Please provide contact information for the individual who will represent your business with the City

 Business Manager Property Manager

| | | | |
|----------------------|---------------|---------|-------------|
| _____ | _____ | | |
| First Name | Last Name | | |
| (____) _____ | _____ | | |
| Primary Phone Number | Email Address | | |
| _____ | | | |
| Street Address | | | |
| _____ | _____ | _____ | _____ |
| City | Province | Country | Postal Code |

SECTION 4: Business ownership**Ownership type** **Corporation or corporate partnership** _____
Complete legal name(s)Corporate Access Number _____ Registered in Alberta OR _____
(state other province) **Sole Proprietor or partnership** **Charitable organization** (if applicable) Charitable registration number: _____**List the sole proprietor, partners, or director(s) as registered with the corporate registries**

| | | | | |
|---|------------------------|----------------------|-------------|-----------------------------|
| Last name | First name | Complete middle name | Position | Date of birth YYYY-MM-DD |
| Home address | City | Province | Postal code | Home number () |
| Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female | Alias or previous name | Personal email | | |

| | | | | |
|--------------|------------|----------------------|-------------|-----------------------------|
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| | | | | | |
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The personal information on this form is being collected under the authority of The City of Calgary Business Licence Bylaw 32M98 (Section 4) and amendments thereto. This information is being collected for the purpose of determining the applicant's eligibility to be granted a City of Calgary business licence. It may be shared with relevant City of Calgary departments, and/or any other applicable Municipal, Provincial or Federal agencies required as part of the business licence application process. It may also be used to conduct ongoing evaluations of services received from Planning & Development. The name of the licence holder and the nature of the licence will be available to the public. Please send inquiries by mail to the FOIP Program Administrator, Planning & Development, PO Box 2100, Station M, Calgary, AB T2P 2M5 or contact us by phone at 311.