

## We are excited to welcome you to our Business Community!

**Choose one:**

- New
- Renewal
- Cancel

**Choose one:**

- Resident
- Non-Resident

**Choose one:**

- Home Occupation
- Commercial Store Front
- Out of Town Business
- Contractor - General
- Contractor - New Home Builder
- Tender
- Other: \_\_\_\_\_

**Choose one if applicable:**

- Change of Address/Other Information
- Business Name Change
- Transfer of Ownership

Business Information			
Operating Business Name:		Business License #:	
Legal Business Name:			
Business Phone:		Alternate Phone:	
Website:		Business E-mail:	
Industry Type:		Date Business Started:	
Business Address:		City:	Province:
Mailing Address:		City:	Postal Code:
Do you possess/store/maintain hazardous goods and/or controlled products? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please attach the site plan showing storage location(s) and list of hazardous goods.			
Operating Information			
<i>Information in this section will be used to notify your business for available programs/grants and support.</i>			
Describe Business Activities (explain how the business will operate and list services provided):			
Are there other businesses currently operating at this address? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Commercial Store Fronts ONLY: For your Grand Opening, would you like a ribbon cutting ceremony, social media tags, and a welcome shout out on our website? <input type="checkbox"/> YES <input type="checkbox"/> NO Date? _____.			
Number of Employees: <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> 13-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101+			
Would you like your business name, phone number, fax number, Email, website and contact name published free of charge in Beaumont's Business Directory? Your business information may also be made available to the public in a number of other ways. These include, but are not limited to, being provided to the Beaumont Chamber of Commerce as well as other business organizations. We do not sell information. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Disclaimer - while every care has been exercised in compiling and publishing the data from this page, and in recognition that the information is being published free of charge, the City of Beaumont accepts no responsibility for any errors or omissions.			
Would you like to receive occasional e-mails pertaining to your business and/or affect the business community? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Would you like us to reach out to you regarding surveys, newsletters, and calls to action? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### Operating Information Continued

*Information in this section will be used to notify your business for available programs/grants and support.*

Would you like to be recognized as any of the following:

Female Entrepreneur    
  Francophone    
  Visible Minority    
  Indigenous    
  Choose Not to Answer

Which Cities do you conduct business? \_\_\_\_\_.

Which Provinces do you conduct business? \_\_\_\_\_.

Which International countries do you conduct business? \_\_\_\_\_.

Languages spoken at place of business? \_\_\_\_\_.

### Contact Information

*Information in this section will not be made available to the public.*

Owner(s) Name: \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Owner(s) Phone: \_\_\_\_\_ Owner(s) E-mail: \_\_\_\_\_

Business Contact Name: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I hereby certify that the above information is true and properly sets out the business at which is carried out by the applicant, owner, or operator or by any person(s) as the case may be. I understand that should the business stay active, that I must renew by January 31st of any given year in which the business intends to operate and that if I do not renew in time that I may be liable for any and all administrative fees and/or fines. Approval of this Business License does not exempt the applicant from obtaining necessary permits required through Municipal Bylaws and Provincial Statutory Regulations. It is my responsibility to contact Alberta Health, AGLC, Insurance, or other related parties regarding the business. I acknowledge I have read and understood the contents of this form.

Applicant Name: \_\_\_\_\_ Position: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## #InvestinBeaumont

The personal information on this form is collected under the authority of Business Licensing Bylaw 831-14 and will be used to administer the City of Beaumont Business License program. It will be treated in accordance with the privacy provision 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 license. The City may request input from employees of other City of Beaumont departments, Alberta Health Services, Beaumont RCMP, Edmonton & Area Child and Family Services and/or Alberta Gaming Liquor Cannabis Commission in order to properly assess your application for this license or to determine appropriate conditions, if any, for this license. Therefore, the City considers your submitted application 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 the City of Beaumont's FOIP Coordinator at (780) 929 8782.

### FOR OFFICE USE ONLY:

#### Permit Clerk

Customer #:		Tax Roll:		Receipt to Accounting:	
Development Permit:		Receipt:		License Fee:	
Building Permit:		District:		HBB Appeal Date:	
Yearly Invoice:	Y/N	Certificate:	Y/N	Commercial Needs Occupancy:	

#### Economic Development

GP Update:		Directory Updated:		Approval Date:	
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