



10511 – 103 Street  
 High Level, AB  
 T0H 1Z0  
 Ph: 780-926-2201  
 Fax: 780-926-2899

# Business Licence

Application Form

Businesses operating in the Town of High Level are required to have a valid Business Licence. The information requested in this application is necessary to complete a full evaluation of your request for a Business Licence.

**Businesses shall not commence prior to a licence being issued.**

- 1) Licence fees apply to each calendar year January 1 to December 31.
- 2) If the licence is approved, licence fees are non-refundable.
- 3) Please be advised you may be required to obtain Development and/or Building Permits prior to Business Licence approval and issuance.

OFFICIAL USE ONLY				
Business License #	Non-Refundable Fee	Date Received	Date Approved	Receipt Number
	\$			

Application Date:	Type of Application
	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Business Information Updates <input type="checkbox"/> Out of Town

**Business Information**

<b>Business Name (Operating Name)</b>	<b>Business Number (Registered Number)</b>
<b>Legal Business Name (Registered Name)</b>	<b>Type of Business</b>
	<input type="checkbox"/> Fitness/Recreation <input type="checkbox"/> Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Taxi <input type="checkbox"/> Industrial <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Home Occupation <input type="checkbox"/> Personal Services <input type="checkbox"/> Professional Services <input type="checkbox"/> Retail <input type="checkbox"/> Other: _____
<b>Location of Business</b>	<b>Mailing Address</b>
Address: City/Town: Province: Postal Code:	Address: City/Town: Province: Postal Code:
<b>Owner of Business</b>	<b>Business Contact Information</b>
Owner Name: Phone Number: Email Address:	Phone Number: Fax Number: Email Address:



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Number of Employees (Including Owners)			Trade Qualification or Certification No. (If Applicable)
Full Time		Seasonal	
Part Time		Remote	
Description of Business (Please provide a complete description of your business operations)			
Business Emergency Contact			
Name:			
Phone:			
Email Address:			

## High Level & District Chamber of Commerce

<input type="checkbox"/>	Town of High Level has my permission to share my business information with the High Level and Area Chamber of Commerce.
<input type="checkbox"/>	Town of High Level has my permission to post my business information on the Town of High Level Website under the High Level Business Directory ( <a href="http://www.highlevel.ca/141/Business-Directory">http://www.highlevel.ca/141/Business-Directory</a> )
Business Website Address (If Applicable)	Business Logo Image Submitted
	<input type="checkbox"/> Yes <input type="checkbox"/> No (png, jpeg, bmp formats accepted)

## APPLICANT'S ACKNOWLEDGEMENT

I, \_\_\_\_\_ hereby make an application for a licence in accordance with the particulars as stated in this application and declare the information in this application to be true and correct. I undertake to supply to the Town of High Level all documents or certificates both requested by the Town and required by other Federal, Provincial, or Municipal Acts and Regulations. I undertake to comply with all Bylaws of the Town of High Level and all other laws now in force or which may hereinafter come into force. I also understand that payment of the Business Licence fee in advance does not guarantee approval of the Business Licence and **I cannot commence business operations until such time as a Business Licence has been approved and issued.**

Applicant Signature	Date
Registered Landowner Signature	Date

Please submit your completed Business Licence Application to: [permits@highlevel.ca](mailto:permits@highlevel.ca)



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Office Use Only					
Development Permit Application Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received			
Building Permit Application Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received			
Home Occupation Application Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received			
Development Permit Number		Date of Issue			
Public Health Inspection / Approval Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received			
Alberta Gaming, Liquor and Cannabis Commission License Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received			
Circulated for Comments to:	Comments				
<input type="checkbox"/> Emergency Services					
<input type="checkbox"/> Operations					
<input type="checkbox"/> Planning & Development					
<input type="checkbox"/> Chief Administrative Officer					
<input type="checkbox"/> Other: _____					
Business License Application Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date			
Business License Application Refused for the following reasons:					
Signature of Development Authority:	_____				
Business Licence Master Inventory Updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date		Initials	
Business Directory on Website Updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date		Initials	
Business Contact Information Provided to High Level & District Chamber of Commerce?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date		Initials	

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.