

## Business Licence Application

### BUSINESS INFORMATION

Business Location:  
(Unit, Address, City, Postal Code) \_\_\_\_\_

Legal Business Name:  
(The name the business Income Tax is filed under) \_\_\_\_\_

Operating Name: \_\_\_\_\_

Mailing Address:  
(If different than Business Location) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Mailing Address:  
(Address, City Postal Code) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### BUSINESS DETAILS

1. Is your operating business name a registered Trade Name or Sole Proprietor Yes      No
2. Do you want a short-term licence? (valid for 4 consecutive months) Yes\*\*      No  
**\*\*If yes, what is your proposed start date?** \_\_\_\_\_
3. Description of business: \_\_\_\_\_
4. Number of employees working in the City of Red Deer: \_\_\_\_\_

#### To be completed by businesses location WITHIN City limits:

Will there be construction or renovations to the space as part of this application? Yes\*\*      No  
**\*\* If yes, a Development Permit and/or Safety Codes Permits may be required.**

#### Please initial and sign to confirm your acknowledgement of the terms of this application.

I acknowledge that all information in this application is correct to the best of my knowledge.

I verify that I am the owner or have received authorization from all property owner(s), to operate a business at the location provided in this application.

I understand the information provided as part of this application will be used in an Online Business Directory.

I verify that I am at least 18 years old or have an agent at least 18 years of age to sign/authorize on my behalf.

I acknowledge that all business operations will comply with the *Business Licence Bylaw*, knowing that failure to comply may result in penalties, suspension, or revocation of my Business Licence.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant