



City of Medicine Hat
 580 – 1 Street SE
 Medicine Hat, AB T1A 8E6
 Phone: 403.529.8374
 Fax: 403. 502.8038

BusinessLicensing@medicinehat.ca

BUSINESS LICENSE APPLICATION

All businesses operating in Medicine Hat are required to have a valid business license. If your business is exempt and a business license is not necessary to operate, you are still required to complete this application.

SECTION I – For all businesses

General Information:			
Legal business name:			
Name to appear on license:			
Application type:	<input type="checkbox"/> New	<input type="checkbox"/> Address Change*	<input type="checkbox"/> Ownership Change (see next line)
* If you are in a commercial location and currently pay for utilities, are going to be paying for utilities at your new location, or you have an Accounts Receivable account and need to update your address, please contact Customer Service at 403.529.8111 or email customer_accounts@medicinehat.ca .			Expected move in/ start date:
Previous business name (if applicable):			
Business type:	<input type="checkbox"/> Business	<input type="checkbox"/> Contractor (if pulling any permits)*	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Professional
*All contractors and businesses requiring trades certifications must adhere to the conditions as outlined in the Building Contractors Trades and Home Repair Services Conditions.pdf document. Please initial here to indicate you have read and agree to these conditions: _____			
Business description:			
Business Address:			
<i>Please provide the full business address including the suite, unit or bay number. If information is missing or inaccurate, a floorplan will be required prior to completion of the license review.</i>			
Main:			
	Suite	Street	City/Prov PC
For mail:			
	Suite	Street	City/Prov PC
Previous:			
	Suite	Street	City/Prov PC
Email address(es):			
Preferred contact method:	<input type="checkbox"/> Email <input type="checkbox"/> Regular mail		
Phone number(s):	Primary		Other:

SECTION I (continued)

Business Category and Requirements:

- Commercial – ALL local commercial businesses (including exempt businesses) must complete Section II
- Home Occupation – A Home Occupation Development Permit is required as well as a Letter of Permission from the property owner if different from the business owner
- Outside City Limits – Within 35 km from Medicine Hat
- Outside City Limits – More than 35 km away from Medicine Hat

Business Owner:

Name: _____
Title: _____
Email: _____
Primary phone number: _____
Other: _____

Address: _____
Street

City PC

Additional Contact Information:

Name: _____
Title: _____
Email: _____
Primary phone number: _____
Other: _____

Address: _____
Street

City PC

Name: _____
Title: _____
Email: _____
Primary phone number: _____
Other: _____

Address: _____
Street

City PC

SECTION II (commercial and exempt businesses only)

Is a new address needing to be created for your business: No Yes

Will you be doing any renovations: No Yes – Please provide details: _____

Have you already applied for a building permit: No Yes – Permit No: _____

Please note the following:

(a) If you are planning on renovating and have not yet applied for a building permit, additional fees for an Occupancy Permit may be required; and

(b) If you are adding or changing the size of an existing sign, a Development Permit is required.

Is your business a shared tenancy with other similar businesses within one address: No Yes

If yes, please provide details: _____

Will your business be extending, splitting or combining multiple bays in the building: No Yes

If yes, please provide details: _____

Additional comments: _____

Your application will be reviewed and if there are additional questions and/or requirements, you will be contacted by the relevant area to go over the next step. If nothing further is required, you will receive your business license once payment is received.

By signing this document, you agree to abide by all the provisions of the City of Medicine Hat bylaws as follows: Licensing Bylaw No. 2339, Land Use Bylaw No. 4168 and Safety Codes Permit Bylaw No. 4438 and any other city bylaw pursuant to which permits or approvals are issued; and declare that all information provided is true and correct and understand that it has the same force and effect as if made under oath.

Date

Name (Print)

Signature

The personal information on this form is collected under the authority 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 information collected shall be used by the City of Medicine Hat for the following purposes: (a) issue, renew or transfer license; (b) refuse to issue, renew or transfer a license; (c) revoke or suspend a license or any appeal initiated by an applicant for any decision related to an applicant's license. If you have any questions regarding the collection, use or disclosure of your personal information, please contact the City Clerks Department at 403.529.8221.