

APPLICATION TO OBTAIN A BUSINESS LICENSE

ACCOUNT #

- 1) What is the name of your company? \_\_\_\_\_
  
- 2) What is the business address and business contact information?  
Suite & Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
  
- 3) What is the mailing address? [ ] Same as Business Address  
Suite & Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_
  
- 4) If you are moving, what was your previous address? [ ] Not Applicable  
Suite & Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_
  
- 5) Does your business operate as a:  
\_\_\_ Sole Proprietorship - Last name: \_\_\_\_\_ First Name: \_\_\_\_\_  
\_\_\_ Partnership - Last name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Last name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Last name: \_\_\_\_\_ First Name: \_\_\_\_\_  
\_\_\_ Limited Company (Ltd.) or \_\_\_ Corporation (Inc. /Corp.) (Please attach a current Corporate Registry Search)
  
- 6) Does your business operate under a Trade Name? If yes, what is it? \_\_\_\_\_
  
- 7) Who is the key contact person for this account?  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Business phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Cell # \_\_\_\_\_ Other \_\_\_\_\_
  
- 8) Who is the owner of the business? [ ] Same as key contact person  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Address of Owner: \_\_\_\_\_ City: \_\_\_\_\_  
Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_
  
- 9) Business (Activity) Description: \_\_\_\_\_

10) Do you have any certificates or letters of approval issued by Federal, Provincial or Municipal Authorities, as these may be mandatory to obtain a business license? Please attach a copy for our records.

11) Applicant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- A) I AGREE TO ABIDE BY ALL PROVISIONS OF THE CITY OF MEDICINE HAT LICENSING BYLAW #2339, LAND USE BYLAW #4168 OR ANY OTHER CITY BYLAW PURSUANT TO WHICH PERMITS OR APPROVALS ARE ISSUED;
- b) I DECLARE THAT ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS TRUE AND CORRECT. I MAKE THIS DECLARATION KNOWING THAT IT IS THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH.

\_\_\_\_\_

\_\_\_\_\_

**Date**

**Signature of Applicant**

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) 529-8115

**BUSINESS EMERGENCY INFORMATION (COMMERCIAL LOCATIONS ONLY)**

The following information will be used by the Medicine Hat Police Service and the Medicine Hat Fire Department/911 for after-hours contact for your business in the event of an emergency – i.e. fire, break-ins, etc. (Note: not required for Home Occupations or Non-Resident contractors)

Primary Business at this address, or

Secondary Business, if so please name primary: \_\_\_\_\_

Building Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Contact for Business:**

PRIMARY CONTACT: \_\_\_\_\_

Position: \_\_\_\_\_ Home Phone: \_\_\_\_\_

CONTACT #2: \_\_\_\_\_

Position: \_\_\_\_\_ Home Phone: \_\_\_\_\_

CONTACT #3: \_\_\_\_\_

Position: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

*If any of the above information changes, please contact Utility Emergency at 403-526-2828.*