

Name of Business: _____

Legal Business Name: _____

Description of Business: _____

Name of Applicant: _____

Mailing Address: _____ City: _____ Prov.: _____ Postal Code: _____

Phone (Local Bus): _____ Phone (other): _____ Fax: _____

E-mail/Website: _____

Is this business operated from Westlock? YES NO
(if no, please proceed to next section)

Municipal/Street Address: _____

Development Permit No.: _____
(home-based business)

Provincial/ Federal Licenses *(please provide a copy of certificate or license)*
(If Applicable)

Compulsory Trade Certificate No.: _____

Environmental Public Health Permit No.: _____

Alberta Gaming and Liquor License No.: _____

Provincial Business License No.: _____

Alberta Motor Vehicle Industry License No.: _____

Real Estate Council of Alberta License No.: _____

Public Liability Insurance: _____

The above information is true and correct, to the best of my knowledge. This information will be available for public use. I agree to abide by all provisions of the Town of Westlock Business License Bylaw 2015-09.

Applicant Signature: _____ Date: _____