



Office use only		Date Received:
<input type="checkbox"/> New <input type="checkbox"/> Information Change <input type="checkbox"/> Exempt <input type="checkbox"/> Renewal		
Roll No.:		
Invoice Amount:	Paid: <input type="checkbox"/> Yes	Receipt No.:

BUSINESS LICENSE APPLICATION

Business Information	Legal Business Name (if registered corporation):		
	Operating Business Name (if different from above):		
	Business Description (ex. Retail-goods and clothing):		
	Physical Business Address:	Street:	Town/City:
		Province:	Postal Code:
	Mailing Address (if different from above):	Street:	Town/City:
		Province:	Postal Code:
	Number of Employees:	Full Time:	Part Time:
	Business Phone:	Email:	
	Website/Facebook Page:		
	Proposed opening date:	5 Digit NAICS Code (if known):	
	<input type="checkbox"/> Rent or <input type="checkbox"/> Own the business premises? (If renting, landowner information and signature is required at bottom of page)		
	Which business name would you like displayed on your license? <input type="checkbox"/> Legal Name <input type="checkbox"/> Operating Name		
	Would you like your business to be published on the Town of Drayton Valley Business Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include business phone number and Website/Facebook link above)		
Would you like membership information for the Drayton Valley and District Chamber of Commerce? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you like to be contacted by our Economic Development department for a Business Grand Opening and Welcome? Includes a ribbon cutting ceremony and social media tags. <input type="checkbox"/> Yes <input type="checkbox"/> No (Applies only to local businesses, does not include home based businesses)			

Business Contact	Owner:	Name:	Phone Number:
		E-mail:	
	Primary Contact (if different):	Name:	Phone Number:
		Email:	Position:
	Select Ownership Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Co-operative <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC/Ltd.) <input type="checkbox"/> Sole Proprietor (single owner not incorporated)		
	Select how you would like to receive your business license: <input type="checkbox"/> E-mail <input type="checkbox"/> Pick-up <input type="checkbox"/> Canada Post (new applications only-all renewals will be mailed out).		

Landowner Consent	Name(s):		
	Mailing Address:	Street:	Town/City:
		Province:	Postal Code:
	Phone:	Email:	
	Signature:	By checking the "I agree" box, you agree and authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten Signature.	
		<input type="checkbox"/> I Agree	

Select	Category	Annual Fee	After July 1 st
<input type="checkbox"/>	Local Business (physical location within Town boundary)	\$100.00	\$50.00
<input type="checkbox"/>	Rural Business (physical location within 5km radius of Town boundary)	\$200.00	\$100.00
<input type="checkbox"/>	Out of Town Business (physical location outside of 5km radius of Town boundary)	\$375.00	\$187.50
<input type="checkbox"/>	Fee Exempt (Section 3.2.4 Business License Bylaw 2008/18/D)	\$0.00	\$0.00
<input type="checkbox"/>	Home Business (fill out Part 2 Development Information in addition to this application - other fees and permits may also apply)	\$100.00	\$50.00
<input type="checkbox"/>	Adult Business	\$1250.00	\$625.00
<input type="checkbox"/>	Smoke Shops	\$100.00	\$50.00
<input type="checkbox"/>	Cannabis Retail Store	\$100.00	\$50.00
<input type="checkbox"/>	Cannabis Counselling Services	\$100.00	\$50.00
<input type="checkbox"/>	Hawker/Peddler	\$100/day or \$500/year	Does not apply
<input type="checkbox"/>	Food Truck	\$50/day or \$500/year	Does not apply
<input type="checkbox"/>	Transfer of ownership or change of name	\$30.00	Does not apply
<input type="checkbox"/>	Transfer of business location (additional permits and fees may apply)	\$60.00	Does not apply
All licenses expire December 31st of every year, do you wish to be automatically invoiced for following years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you select No, you will no longer hold a valid business license with the Town upon January 1 st).			

**Payment information and invoice will be emailed upon application approval.

Separate Development and/or Building permits may be required for the following:		
Will you have any onsite advertising or signage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Will you be renovating or altering the building to accommodate the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Will the business use be changed from what previously operated out of the building? Or has the building been vacant 6 months or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:

**All applications can be submitted electronically by emailing required documents to plandev@draytonvalley.ca or in person at the Town of Drayton Valley Civic Centre located at the address noted at the bottom of this page. Advise the Town of any change of ownership, closure etc.

Applicant Authorization
<p>I understand that any approval(s) granted regarding this application does not excuse the Applicant from complying with the regulations of any Federal, Provincial or other legislation or regulations, including but not limited to Alberta Health Services (AHS) regulations, Alberta Building Code, Alberta Fire Code or the conditions of any easement, restrictive covenant or agreement affected the subject parcel(s) or building(s) contained on the subject parcel(s). All applicants can request a Fire Inspection with Drayton Valley/Brazeau County Fire Services at 780-514-2216.</p> <p>By checking the "I agree" box, you agree and authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten Signature. <input type="checkbox"/> I Agree</p> <p>_____ Signature of Applicant</p> <p>_____ Date</p>

Property Information / Decision	For office use only			
	Legal Land Desc:	Lot:	Block:	Plan:
	Land Use District:	Use Category:		<input type="checkbox"/> Permitted Use <input type="checkbox"/> Discretionary Use
	Referrals Required:	<input type="checkbox"/> Fire Department <input type="checkbox"/> RCMP <input type="checkbox"/> Health Authority <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Approved <input type="checkbox"/> Refused	Development Authority Signature:		

This personal information is being collected under the authority of Paragraph 33(c) of The Freedom of Information and Protection of Privacy Act, RSA 2000, Ch. F-25. The information will be used to process your application. Your name, number, and address may be used to carry out current and/or future services of activities with the municipality. If you have any questions or concerns about the collection and/or use of your information, please contact the FOIP coordinator at 780-514-2200.

5120-52 Street, Box 6837 Drayton Valley, AB T7A 1A1
Ph: 780-514-2200 | Fax: 780-542-5753 | www.draytonvalley.ca

Part 2 – Development Information (Only fill out if you are applying for a Home-Based Business/ Home Office)

Development Information	Question	Select	Details
	Are there any other home occupations operating from the subject parcel? If yes , provide business names/nature of business.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Excluding vehicles, is there other equipment, trailers or materials required for the business? If yes , where are they stored (home, garage, outside, commercial storage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will there be any in stock trade kept on the premises? If yes , how much is sold and how is it distributed? Where is it stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will there be any flammable or hazardous materials on the premises as a result of the business (solvents, paint thinners, special cleaners, fuel etc.)? If yes , what is the material? How much is being kept on the property? Where is it stored? Does the material require special training? Are permits required for its storage? Note: hazardous materials stored on the premises may be subject to a Fire inspection. If, in the opinion of the Development Authority, the subject business is more appropriate located in a commercial or industrial area of Town, a business license for a home occupation may be refused.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will there be any work done on the premises? If yes , what type. If no , where will it occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	What days of the week will you be operating and what will hours of operation be?		
	Are there employees of the business who are not members of the family or bona fide occupants of the dwelling? If yes , how many employees will be attending the subject parcel? Where do they work? Where would they park their vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	How many vehicles in total are involved in the business? How many personal vehicles do you have? Where are they parked? Provide the business vehicle(s) description (height, length, weight, number of passengers)		
	Will the vehicles exhibit any markings or logos? Applicant is responsible for vehicles following the Truck Route Regulations etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will there be any exterior indication of the home occupation (noise, smoke, odors, traffic, signage?) <i>Signs will require separate development and/or building permits</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Any clients coming to the home? If yes , how many? What times during the day? Where will they park?	<input type="checkbox"/> Yes <input type="checkbox"/> No	