



**General Application for Business License**

**BYLAW 14-2018  
SCHEDULE - A**

A-4900 50<sup>th</sup> St.  
Taber, Alberta T1G 1T1  
Phone:403-223-6009  
Fax: 403-223-5530

Office Use Only				
HO #:	HO Fee:	Land Use District:	Permit Effective:	
BL #:	BL Fee:	Roll No:	Type of License:	Required License Date:
DP #:	DP Fee:	Date Received:	Date Advertised:	Total fees:

<b>Annual – Jan.1<sup>st</sup> – Dec. 31<sup>st</sup></b> <input type="checkbox"/> Town Resident - \$100.00 <input type="checkbox"/> Home Occupation - \$150.00 <input type="checkbox"/> M.D Resident - \$300.00 <input type="checkbox"/> Non-Resident - \$500.00	<b>Kiosk, Hawker, Peddler, Huckster</b> <input type="checkbox"/> Town Resident - \$100.00 <input type="checkbox"/> Non-Resident - \$250.00	<b>Non- Annual</b> <input type="checkbox"/> Non-Resident Day - \$50.00 <input type="checkbox"/> Non-Resident Week - \$100.00 <input type="checkbox"/> Non-Resident month - \$150.00 <input type="checkbox"/> General Contractor - \$1000.00 / Proj.
---	--	---

**Renewal Fees are due by January 31<sup>st</sup>. Late fees of \$25.00 / week will apply after February 1<sup>st</sup>.**

**Check if applicable:**  New Application     Change of Ownership     Change of Use     Change of Location

<b>Proposed Municipal Address:</b>				
<b>Legal Description of Property:</b>	Lot (Parcel):	Block:	Plan:	
<b>If moving, list previous address:</b>				
<b>Applicant:</b>	Name:		Email:	
	Address:			
	Town:		Postal Code:	
	Phone Res:		Phone Cell:	
<b>Registered Land Owner: (if different from applicant)</b>	Name:		Email:	
	Address:			
	Town:		Postal Code:	
	Phone Res:		Phone Cell:	
	Contact person's Name:		Contact persons Phone:	
<b>Business:</b>	Name:		Existing Business License#:	
	Previous Business Name:		Operating As:	
	On-Site <input type="checkbox"/>	Off-Site/Mobile <input type="checkbox"/>	Would you your business on the online business directory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing Address:		Town:	Postal Code:
	Website:			
	Expected start date:		No. of Employees:	Hours of Operation:

<b>Describe in detail what the business entails:</b>	<hr/> <hr/> <hr/> <hr/> <hr/>
--	-------------------------------

*The personal information requested on this form is being collected for a home occupation permit and is protected by the Freedom of Information and Protection of Privacy (FOIP) Act. If you have questions about the collection, contact our FOIP Coordinator at (403) 223-5500.*

Do you require a Provincial License? If unsure, please check below for the applicable list. If so, please submit a copy with your application.

<input type="checkbox"/> <b>Housing &amp; Consumer Affairs – Contact Alberta Government Services (<a href="http://www.servicealberta.gov.ab.ca">www.servicealberta.gov.ab.ca</a>)</b> Auctions, collection agencies, cooperative, debt repayment agency, direct seller, employment agency, home inspection, public utility marketing, monument business, payday loan business, retail home sales, travel club	
<input type="checkbox"/> <b>Alberta Health Services – Environmental Public Health (<a href="http://www.albertahealthservices.ca/eph.asp">www.albertahealthservices.ca/eph.asp</a>)</b> Restaurants, catering personal service, day cares, rental housing	<input type="checkbox"/> <b>Real Estate Council of Alberta (<a href="http://www.reca.ca">www.reca.ca</a>)</b> Real Estate Agent, Real Estate Broker, Mortgage Broker, Property Manager
<input type="checkbox"/> <b>Alberta Insurance Council (<a href="http://www.abccouncil.ab.ca">www.abccouncil.ab.ca</a>)</b> Insurance Agents, Brokers, Adjusters	<input type="checkbox"/> <b>Alberta Gaming and Liquor Commission (<a href="http://www.aglc.ca">www.aglc.ca</a>)</b> Liquor sales, gambling, raffles, bingos, pull tickets, cannabis sales
<input type="checkbox"/> <b>Alberta Motor Vehicle Industry Council (<a href="http://www.amvic.org">www.amvic.org</a>)</b> Vehicle sales, vehicle repairs, vehicle leasing, vehicle consignment	<input type="checkbox"/> <b>Alberta Funeral Services Regulatory Board (<a href="http://www.afsrb.ab.ca">www.afsrb.ab.ca</a>)</b> Funeral Business

I hereby apply for a Business License as per the Town of Taber's License Bylaw 14-2018, as amended. I swear that the information included on this application is correct, to the best of my knowledge. I understand that a change to any existing information renders this registration void. I agree to provide the Town of Taber with written notice of any changes to this information.

This license does not authorize or permit the registrant to carry on a business contrary to the provisions to any other Town of Taber Bylaw, this Business License inspector may temporarily suspend the license until such time as the contravention is rectified

Should a license be issued after June 30th, in any year, the license fee shall be one-half of the annual license fee determined on Schedule C of Bylaw 14-2018. This provision shall not apply to non-resident businesses, transient businesses, canvassers, hawkers, pedlars, hucksters, or itinerant shows, all of whom are required to pay the full annual license fee regardless of the date the license is issued and shall not be permitted to transfer their license. The information provided in this application will be available to the public to assist in marketing your business, through printed directories, and web directories.

Businesses engaged in door to door sales or contractors involved in residential installations may be required to submit an employee list with valid, current and verifiable copies of criminal record checks. Failure to provide this information when requested by the Town is grounds for refusal of a license application or revocation of a license subject to the appeal process outlined in Bylaw 14-2018.

<input type="checkbox"/> Approved  <input type="checkbox"/> Refused	<b>Conditions / Reasons:</b>
---	------------------------------

**Signed:** \_\_\_\_\_  
 Applicant

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
 Registered Owner (If different than applicant)

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
 Development Officer

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
 License Inspector

**Date:** \_\_\_\_\_

The personal information requested on this form is being collected for a home occupation permit and is protected by the Freedom of Information and Protection of Privacy (FOIP) Act. If you have questions about the collection, contact our FOIP Coordinator at (403) 223-5500.