



**Cannabis Related Use Application for Business License**

**Planning and Economic Development**

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:

- **New ownership, change of use, and/or change of location requires a new application.**
- **It is recommended you review the Cannabis Related Use sections of the *Land Use Bylaw* and *Business License Bylaw* prior to submitting an application.**
- **Please attach the following:**
  - Site plan and floor plan incl. signage
  - Conditional Development Permit
  - Federal/Provincial Approval
  - Any additional requirements deemed necessary by License Inspector
  - Police Information Check(s)
  - Security plan and security alarm contract
  - If premises is leased – attach lease

<b>Municipal Address:</b>			
<b>Legal Description:</b>	Lot (Parcel):	Block:	Plan:
<b>Applicant:</b>	Name:		Email:
	Address:		
	Town:		Postal Code:
	Phone Res:		Phone Cell:
<b>Registered Land Owner:</b> (if different from applicant)	Name:		Email:
	Address:		
	Town:		Postal Code:
	Phone Res:		Phone Cell:

**Nature of Business: (Check one)**

<input type="checkbox"/> <b>Cannabis Retail Sales</b>  Development used for the retail of cannabis that is authorized by provincial or federal legislation.  <b>Annual Business License Fee: \$500.00/ year</b>	<input type="checkbox"/> <b>Cannabis Production &amp; Distribution</b>  Development used principally for the production, cultivation, and growth of cannabis; processing of raw materials; storage or transshipping of material, goods and products, and distribution and sale of materials, goods, and products to cannabis retail stores or individual customers.  <b>Annual Business License Fee: \$2,500.00 / year</b>
---	--

*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.*

<b>Business:</b>	Proposed Name:		Business License#:	
	Will there be clients?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many?	How often?
	Will there be customer ID cards?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide more information:	
	Will you employ anyone else?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many employees?	
	Are any signs proposed for the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify number, type, and size (please indicate on site plan):	
	Will there be plants on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many and where will they be stored? (please indicate on site plan)	
	Have you made your neighbors aware of your proposed business?		Yes <input type="checkbox"/> No <input type="checkbox"/>	How much parking is provided?
<b>Describe in detail what products will be sold:</b> (cannabis, shatter, oil, edibles, bongs, pipes, etc.)				
<b>What work will be done on the premises and where?</b> (highlight in building layout)				
<b>Will there be any flammable and/or hazardous materials on the premises for the business?</b> (propane, special cleaners, butane, etc.)  Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Describe in detail how you will mitigate neighborhood impacts such as noise, smell traffic, public consumption related to the business, lights, crowding, etc.</b>				

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.

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

<b>Signed:</b> _____ Applicant	<b>Date:</b> _____
<b>Signed:</b> _____ Registered Owner (If different than applicant)	<b>Date:</b> _____
<b>Signed:</b> _____ Development Officer	<b>Date:</b> _____
<b>Signed:</b> _____ License Inspector	<b>Date:</b> _____
<b>Signed:</b> _____ Chief of Police	<b>Date:</b> _____

*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.*