



BUSINESS LICENSE APPLICATION

YEAR: _____ NEW: _____ RENEWAL: _____ LEGAL ADDRESS Lt____, Blk____, Pl _____

DATE: _____ BUSINESS NAME: _____

TYPE OF BUSINESS: _____

CIVIC ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE#: _____ FAX#: _____

BUSINESS OWNER/OPERATOR: _____

HOME PH #: _____

CELLULAR #: _____

E-MAIL ADDRESS: _____

TWO EMERGENCY CONTACTS: Names: _____

Numbers: _____

STORAGE ON PREMISES (YES / NO): _____ OTHER: _____

RECEIPT #: _____

****I THE UNDERSIGNED**

- 1) ACCEPT FULL RESPONSIBILITY THE FORESAID INFORMATION IS TRUE AND CORRECT;
- 2) ACCEPT FULL RESPONSIBILITY FOR ANY AND ALL LIABILITY RELATED IN THE DAY TO DAY CONDUCT OF THE ABOVE STATED BUSINESS;
- 3) ABSOLVE THE TOWN OF CALMAR ANY LIABILITY WHATSOEVER, WHICH MAY RESULT FROM THE DAY TO DAY CONDUCT OF ABOVE STATED BUSINESS.

APPLICANTS SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

APPROVED: _____ FEE: _____ LAND USE CLASSIFICATION: _____

SIGNATURE: _____ DATE: _____ BUSINESS LICENSE #: _____

REFUSED COMMENTS: _____

Town of Calmar
4901 – 50th Avenue
Box 750
Calmar, AB. T0C 0V0

Phone: (780) 985-3604
Fax: (780) 985-3039
Email: info@town.calmar.ab.ca
Website: www.town.calmar.ab.ca