Mackenzie County ANNUAL BUSINESS LICENSE APPLICATION

Type of Applie	cation:				
□ New	Change of Address/ C	Ownership Dut of Town			
Application In	formation:				
Registered Business Name:					
Owner Name:					
Physical Addres	s/Land Location:				
Address:		Phone:			
City:		Cell:			
Province:	Postal Code	e: Fax:			
Email Address:					
Web Page:					
Primary Contact	: (If different from above):				
Name:		Phone:			
Business Info	rmation:				
Description of B	usiness:				
Floor Space:		_			
Number of Emp	loyees: Full Time:	Part Time: Seasonal:			
Year of Establis	hment:	Development Permit Number:			
Business Hours	:				
Where is your business being conducted? (applies to business' not within the County boundaries):					

Declaration:

I declare that the information on this application is, to the best of my knowledge, factual and correct. Businesses with the exception of exemptions listed in the Business License Bylaw doing business within the Mackenzie County are required to have a business license. Licenses apply to a one year period between March 1st and the last day of February. Along with this business license you may also be required to obtain a development and/or building permit.

Owner Name:		
Signature:	Date [.]	

- I hereby agree to comply with the Annual Business Licensing (ABL) Bylaw issued by Mackenzie County and to any laws, rules, regulations and policies that relate to this Bylaw.
- The licensee must notify the County immediately of any changes or amendments to the business or to the ownership of the business.
- For any further questions and/or information, please refer to the ABL Bylaw or call the Mackenzie County office.

The personal information on this form is collected in accordance with section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of issuing business licenses, development permits and bylaw enforcement. The name of the permit holder and nature of the permit are available to the public upon request. If you have any questions regarding the collection, use or disclosure of this information, please contact the FOIP Coordinator at (780) 927-3718.

For Administrative Use Only:					
Business License Number:	Date of Approval:				
License Fee:	Date of Expiry:				
Fee Paid:	Certificate Issued:				
Date:	Signature:				

