

Mackenzie County
ANNUAL BUSINESS LICENSE APPLICATION

Type of Application:

New Change of Address/ Ownership Out of Town

Application Information:

Registered Business Name: _____

Owner Name: _____

Physical Address/Land Location: _____

Address: _____ Phone: _____

City: _____ Cell: _____

Province: _____ Postal Code: _____ Fax: _____

Email Address: _____

Web Page: _____

Primary Contact (If different from above):

Name: _____ Phone: _____

Business Information:

Description of Business:

Floor Space: _____

Number of Employees: Full Time: _____ Part Time: _____ Seasonal: _____

Year of Establishment: _____ 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: _____

