



Business Registry
902-7th Avenue, Canmore AB, T1W 3K1
businessregistry@canmore.ca

Vendor & Hawker Business Licence Application

Section A – Contact Information							
Registered Name of Business (If applicable):							
Operating Name (If different from above):							
Mailing Address of Business:							
City/Town:	Province/State:	Country:	Postal/Zip:				
Business Owner(s):							
Phone:				Email:			
Alternative Contact / Position (If different from owner):							
Phone:				Email:			
Section B – Business Activity & Details							
Vendor of Hawker?				If vendor, type of unit:			
Describe products and/or services:							
Address* of vendor setup or hawking route:							
Name of business, if setup on business premises, or event name, if a part of an event:							
If part of an event:		No. of Days:		Dates:			
Operating schedule:		Mon.	Tue.	Wed.	Thu.	Fri.	Sat. Sun.
* If on a business's private property, a Temporary/Seasonal Development Permit is required. Visit: canmore.ca/planning .							
Section C – Other Requirements							
Other requirements that may apply to your business: <ul style="list-style-type: none">• General commercial liability insurance.• Passing a fire inspection; required for food trucks. Visit: canmore.ca/your-community/public-safety/fireservices• Obtaining AHS health inspection or approval.							
Section D – Applicant Statement							
<ul style="list-style-type: none">• I confirm that the information provided in this application form and in supporting documents is correct, and agree to comply with all relevant provisions of the Business Registry Bylaw 2015-02 and other applicable Town Bylaws• I authorize the Town of Canmore to investigate the validity of my/our stated information as they deem necessary in their sole judgement.• I acknowledge that the business has complied with all Federal, Provincial, Municipal, and Health Authority licensing, authorization or registration requirements, including but not limited to AGLC and Alberta Health Services. By checking this box, I consent to using my electronic signature in lieu of an original signature on paper.							
Signature of Applicant:							
Applicant's Name:				Date:			
<small>FOIP Notification: Your personal information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. The personal information you provide on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used for the purposes of administering billing and notifications for the Town of Canmore. This document is used to create your electronic file for the Business Registry. If you have any questions about the collection or use of this information, please contact the FOIP Coordinator, Town of Canmore, 902-7th Avenue, Canmore, AB T1W 3K1, (403) 678-1509.</small>							