

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

Annual Non-Resident Business License Application

Section A – Contact Information						
Registered Name of Business: (This is the legal name of your business a	s registered with	the province or fede	eral governmen	t. If not registered, enter your full legal name.)		
Operating Name: (This is the name your business is know	vn by to custome	ers, if different from	n your register	ed name.)		
Address of Business Premises:	Unit:	Street Number:		Street Name:		
City/Town:	Province/Stat	te:		Country:		
Mailing Address of Business:						
City/Town: Pro	vince/State:		Country:	Postal/Zip:		
Business Website:						
Primary Contact: (If different from owner)	Position:					
Phone: Email:						
Business Owner(s):						
Phone:	Em	ail:				
Section B – Business Profile and Start Date						
Description products and/or serv	ices:					
Intended start date of operations	1		Exem	ot Profession? (See website for details)		
Location of project or operations						
Construction company? Type						
Photography/Videography business? You might require a film permit too. Visit Film and Photo for information.						
Short-term rental property manager? Submit a Rental Property List too.						
Tourist Home owner? Apply for a Tourist Home Business License instead.						
Section C – Applicant Statement						
 I understand that this is an annual licence that renews at the end of the calendar year, and that it is my responsibility to notify the Town of Canmore if I cease operations or make any changes to my business. 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 2024-27 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 agree to the statement above and consent to using my electronic signature in lieu of an original signature on paper. Signature of Applicant: 						
Applicant's Name:				Date:		
FOIP Notification: Your personal information is protected being collected under the authority of Section 33(c) of the <i>F</i>	Freedom of Information a ed to create your electron	and Protection of Privacy Aconic file for the Business Re	ct. This information w	of Privacy Act. The personal information you provide on this form is ill be used for the purposes of administering billing and by questions about the collection or use of this information, please		

(See next page for required application checklist)

Application Checklist

Before submitting your application, please check off each item in the checklist below. Any unchecked or incomplete submissions will be returned.

1.		pplicant	Business Registry Coordinator	
	Section A - Filled in details			
	Section B - Filled in details			
	Section C - Checked box and Signed			
2.	 Photography/Videography business - Attached film permit application 			
3.	Short-term rental Property Manager - Attached Rental Property List			