



Business Registry
902-7th Avenue
Canmore AB, T1W 3K1
Office: 403-678-1523
businessregistry@canmore.ca

Regional Business Licence Application

Section A – Contact Information			
Registered Name of Business:			
Operating As (If different from above):			
Location of Business Premises:	Unit:	Street Number:	Street Name:
City/Town:			
From where do you operate?	Commercial Space		Residential / Home-Based Business
<i>To verify that you are a business based in the MD of Bighorn, please provide a copy of your commercial lease agreement or proof of residence (i.e. driver's licence with address listed). A scanned copy or photo are accepted. This will not be kept on file.</i>			
Mailing Address of Business:			
City/Town:	Province/State:	Country:	Postal/Zip:
Business Owner(s):			
Phone:		Email:	
Alternative Contact and Position:			
Phone:		Email:	
Section B – Business Profile			
Describe products and/or services:			
Exempt profession? (See website for details)			
Section D – Micro-Business Declaration - Complete this section if it applies to your business.			
In the matter of the Town of Canmore Bylaw 2015-02, a local business earning less than \$30,000 in gross annual revenue may be eligible for a reduced licence fee of \$32.50. This benefit is extended to regional businesses.			
I, _____ owner of _____ solemnly declares that my business, earns gross revenues of less than \$30,000 per year. I make this solemn declaration, consciously believing it to be true and accurate, knowing that making false claims may result in fines as per Bylaw 2015-02. Supporting documentation may be requested.			
By checking this box, I consent to using my electronic signature in lieu of an original signature on paper.			
Signature of Declarant	Date	Witness Signature (Town of Canmore Business Registry)	
Section E – 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.			
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>			