

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

## Vendor & Hawker Business Registry Licence Application

Section A – Contact Inforn	nation						
Registered Name of Business:							
Operating Name (If different from above):							
Mailing Address of Busine	ss:						
City/Town:	Province/State:		Cou	ntry:		Post	al/Zip:
Business Owner(s):							
Email: Phone:							
Alternative Contact and Position:							
Email: Phone:							
Section B - Business Activ	vity & Details						
Vendor or Hawker?		Vendor? Type of unit:					
Describe products and/or	services:						
Address of vending setup or hawking route:							
Set up on commercial / business property?							
Business's name:							
Operating schedule:	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Important note: A Temporary/Se	easonal Developmen	t Permit is	required if s	etup on con	nmercial pr	operty. Vis	it: <u>canmore.ca/planning</u> .
Set up as part of an event?							
Event name:							
Number of days vending:	Dates:						
Section C – Other Requirements							
Other requirements that may apply to your business:							
Obtaining general commercial liability insurance naming Town of Canmore as an additional insured party, if							
vending on Town land or within a Town facility.							
<ul> <li>Passing a Fire inspection (required for food trucks). Visit: <u>canmore.ca/your-community/public-safety/fireservices</u></li> <li>Obtaining <u>AHS</u> health inspection or approval, particularly if a food &amp; beverage vendor, face painter, henna</li> </ul>							
Obtaining <u>AHS</u> health inspection or approval, particularly if a food & beverage vendor, face painter, henna tattooist or other similar professions.							
Section D - Applicant Stat	ement						
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<ul> <li>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</li> </ul>							
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 AGL C and AHS.							
licensing, authorization, or registration requirements, including but not limited to AGLC and AHS.							
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:						D	ate:
FOIP Notification: Your personal information is being collected under the authority of Section 3 for the Town of Canmore. This document is use FOIP Coordinator, Town of Canmore, 902-7 <sup>th</sup> A	3(c) of the <i>Freedom of Informa</i> ed to create your electronic file	<i>tion and Protec</i> for the Busines	<i>tion of Privacy Act.</i> s Registry. If you h	This information v	vill be used for t	ne purposes of a	administering billing and notifications