



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

Tourist Home Business Licence Application

Section A – Contact Information			
Registered Name of Business:			
Operating As <i>(if different from above):</i>			
Address of Business Premises:	Unit:	Street Number:	Street Name:
Mailing Address of Business:			
City/Town:	Province/State:	Country:	Postal/Zip:
Business Website:			
Business Owner(s):			
Phone:		Email:	
Alternative Contact and Position <i>(If different from owner):</i>			
Phone:		Email:	
Section B – Rental Properties		If additional space is needed, please complete a separate form	
Tax Roll, If Known	Unit	Street Number	Street Name
Tax Roll, If Known	Unit	Street Number	Street Name
Tax Roll, If Known	Unit	Street Number	Street Name
Tax Roll, If Known	Unit	Street Number	Street Name
Tax Roll, If Known	Unit	Street Number	Street Name
Section C – Other Requirements			
Other requirements outside of the jurisdiction of the Town of Canmore that you should take into consideration: <ul style="list-style-type: none"> Collecting and remitting the Alberta Hotel Tax. Visit Alberta Treasury Board and Finance for information. Collecting and Remitting GST. Visit Canada Revenue Agency for information 			
Section E – Applicant Statement			
<p>I consent to the publishing of my business information as indicated in section A of this application (i.e. business name, website and city of business premises) on the Town of Canmore's online business directory at www.canmore.ca/your-business.</p> <p>I do not consent the publishing of my business information on the Town of Canmore's online business directory</p> <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 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. <p>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.</p>			
Signature of Applicant:			
Applicant's Name:		Date:	
<small>FOIP Notification: Your personal information is protected by the privacy provisions of the <i>Freedom of Information and Protection of Privacy Act</i>. The personal information you provide on this form is being collected under the authority of Section 33(c) of the <i>Freedom of Information and Protection of Privacy Act</i>. 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>			