



Business Registry  
 902-7<sup>th</sup> Avenue  
 Canmore AB, T1W 3K1  
 Office: 403-678-1523  
[businessregistry@canmore.ca](mailto:businessregistry@canmore.ca)

# Canmore Home Occupation and Bed and Breakfast Business Licence Application

<b>Section A – Contact Information</b>			
<b>Registered Name of Business:</b> <i>(Can be your legal given name)</i>			
<b>Operating As</b> <i>(If different from above):</i>			
<b>Home / Business Address:</b>	<b>Unit:</b>	<b>Street Number:</b>	<b>Street Name:</b>
<b>Mailing Address of Business:</b>			
<b>City/Town:</b>	<b>Province/State:</b>	<b>Country:</b>	<b>Postal/Zip:</b>
<i>If you are not on the title of the property, please provide proof of residence (i.e driver's licence or lease agreement). A copy or photo is accepted. This will not be kept on file.</i>			
<b>Business Website:</b>			
<b>Business Owner(s):</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Alternative Contact and Position</b> <i>(If different from owner):</i>			
<b>Phone:</b>		<b>Email:</b>	
<b>Section B – Business Profile</b>			
<b>Describe products and/or services:</b>			
<b>Intended start of operations:</b>		<b>Exempt Profession?</b> <i>(See website for details)</i>	
<b>Section C – Classification of Business</b>			
To determine your home business classification, please answer the following questions:			
<ul style="list-style-type: none"> <li>• Do you have customers coming to your home?</li> <li>• Do you have employees coming to your home?</li> <li>• Will the business receive deliveries? If yes, estimated quantity and frequency:</li> <li>• Do you manufacture or produce goods in your home? (ex. food)</li> <li>• Do you store materials and equipment on site?</li> <li>• Do you store or park trailers or commercial vehicles on site? Make, model and weight of vehicle(s):</li> </ul>			
If “yes” to one or more of the above, contact <a href="#">Planning</a> to confirm the classification of your home occupation.			
<b>Section D – Micro-Business Declaration</b>			
In the matter of the Town of Canmore Bylaw 2024-27, a local business earning less than \$30,000 in gross annual revenue may be eligible for a license fee of \$40. Supporting documentation may be requested deemed necessary. Unlawful declarations will result in fines.			
Yes, I declare that my business earns gross revenue of less than \$30,000 per year.			
No, my business earns more than \$30,000 gross per year			
By checking this box, I consent to using my electronic signature in lieu of an original signature on paper.			
<b>Signature of Declarant</b>	<b>Date</b>	<b>Approver Signature</b> (Town of Canmore Business Registry)	

### Section E – Other Requirements for Bed & Breakfasts

Other requirements outside of the jurisdiction of the Town of Canmore that you should take into consideration:

- 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
- Inspection and cleaning of hot tubs, where applicable. Contact [Environmental Public Health](#) (Calgary Zone)

### Section F – Applicant Statement

I consent to the publishing of my business information as indicated in section A of this application (i.e. business name and business name, website and city of business premises) on the Town of Canmore's online business directory at [www.canmore.ca/your-business](http://www.canmore.ca/your-business).

I do not consent the publishing of my business information on the Town of Canmore's online business directory

- 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 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, 902-7<sup>th</sup> Avenue, Canmore, AB T1W 3K1, (403) 678-1509.