



4502 – 50 Street, Box 130, Spirit River, AB T0H 3G0  
 P: 780-864-3998 F: 780-864-3433  
 clerk@townofspiritriver.ca

## Town of Spirit River Business Licence Application Form

<b>Choose One:</b>	<b>Choose one from the following:</b>		
<input type="checkbox"/> Resident	<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal Business	<input type="checkbox"/> Fee Exempt
<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Temporary Business	<input type="checkbox"/> Seasonal Business	<input type="checkbox"/> Licence Amendment
	<input type="checkbox"/> Licence Transfer	<input type="checkbox"/> Licence Replacement	<input type="checkbox"/> Home Based Business

### Business Information

Legal / Corporate Name <small>(As Registered with CRA)</small>	
Operating / Trade Name <small>(If Different for legal name)</small>	
Business Activity	
Phone	
Business Email	

### Physical Business Address

Street Address		City	
Province		Country	
Postal Code		Multiple Locations In Spirit River	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Business Mailing Address

<input type="checkbox"/> Same as physical address			
PO Box Number		City	
Province		Country	
Postal Code / Zip Code			

### Business Owner Information

Owner Name	
Phone	
Email	



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Main Contact Name (If different from owner)		Position	
Phone			
Email			

**Ownership Structure (check one only)**

Corporation    
  Co-operative    
  Partnership    
  Limited liability Company (LLC/Ltd.)  
 Sole Proprietor (single owner not incorporated)

**Type of Business (check one only)**

Locally Owned and Operated    
  Branch (Head Office not in Spirit River)  
 Franchise    
  Other (please specify)

**Business Directory**

Check here if you grant the Town of Spirit River permission to display your business information for the purpose of advertising on the Town of Spirit River Website Business Directory.

I hereby certify that the above information is true and properly sets out the business at which is carried out by the applicant, owner, operator, or by any person(s) as the case may be and acknowledge I have read and understood the contents of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Freedom of Information and Protection of Privacy**

Any personal information collected is authorized under Section 33 (c) of the *Freedom of Information and Protection of Privacy Act, RSA 2000, c. F-25 ("FOIP Act")*, as amended from time to time, for the purpose of administering the affairs of the Town of Spirit River for Business Licensing. All information collected by the Town of Spirit River is protected by the provisions of the FOIP Act. If you have any questions about the collection, use and disclosure of personal information, please contact the Town of Spirit River at [clerk@townofspiritriver.ca](mailto:clerk@townofspiritriver.ca) or (780) 864-3998.

**OFFICE USE ONLY**

Home Based (\$25)    
  Non-Resident Commercial (\$100)    
  Fee Exempt Business (\$0)  
 Resident Commercial (\$25)    
 Peddler (\$100)

Receipt #:		Date Application Received	
Date		Signature	