



Business Licence Renewal/Amendment Application

Planning & Development

FOR OFFICE USE ONLY

Date (m/d/y): _____ Licence no.: _____ Customer ID: _____ Invoice no.: _____
Receipt no.: _____ Roll no.: _____ Development permit no.: _____

I hereby make application for a Business Licence in accordance with the plans and supporting information submitted herewith. **Incomplete applications will not be accepted.** If an incomplete application is submitted by mail, the application will be sent back for further information. Please note that by providing your email address as part of this application you are hereby consenting to receiving correspondence electronically in relation to this application.

BUSINESS LICENCE RENEWAL

Renewal/same as previous license Renewal/changes to existing license Previous licence no.: _____

Business license: Residential Non-residential Non-County

Business operating/trade name: _____

Total number of full-time employees across Canada as of the application date, including yourself: _____

Total number of part-time employees across Canada as of the application date, including yourself: _____

Do you want your business listed in the County's online business directory? **YES** **NO**

If your business is located within Lac Ste. Anne County, do you want your business shown on the map? **YES** **NO**

GENERAL INFORMATION

Complete this section **only** if changes have occurred from previous application.

DESCRIBE ANY CHANGES (IF APPLICABLE)

Change of business operating/trade name: _____

Is the business moving to a new location? **YES** **NO**

Previous street address: _____

City: _____ Province: _____ Postal code: _____

Or previous rural/legal address: _____

New street address: _____

City: _____ Province: _____ Postal code: _____

Or new rural/legal address: _____

Box 219, Sangudo AB T0E 2A0

T 780.785.3411 TF 1.866.880.5722 F 780.785.2359 E DEVASSISTANT@LSAC.ca www.LSAC.ca

Has the type of business changed from the previous approval?: **YES** **NO**

If **YES**, yes, please complete a new Business Licence Application Form.

Mailing address of business: _____

City: _____ Province: _____ Postal code: _____

Business tel: _____ Cel: _____ Fax: _____

Business email: _____ Website (if applicable): _____

Name of After-hours Emergency Contact: _____

Tel: _____ Cel: _____ Email: _____

Describe the nature of the business and the business activities performed: _____

BUSINESS REGISTRATION TYPE

Business type: Sole proprietorship Partnership Corporation or Limited Liability Company

IF SOLE PROPRIETORSHIP

Full legal name of Sole Proprietor: _____

IF PARTNERSHIP (LIST NAMES OF ALL PARTNERS)

Full legal name of Partner: _____

Full legal name of Partner: _____

Full legal name of Partner: _____

Full legal name of Partner: _____

Full legal name of Partner: _____

IF CORPORATION OR LIMITED LIABILITY COMPANY

Legal entity: _____ Corporate access no. (if applicable): _____

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BUSINESSES LOCATED WITHIN LAC STE. ANNE COUNTY

Information required for Small Business Property Tax Rate

Lot/unit: _____ Block: _____ Plan no.: _____ Subdivision/hamlet: _____

Rural address: _____

Division: 1 2 3 4 5 6 7

All or part of: Quarter: _____ Section: _____ Township: _____ Range: _____ W of 5 Meridian

Business floor area: _____ sq.m. or _____ sq.ft. Office area %: _____ Warehouse/work %: _____

How much space is required to store equipment, materials, and goods?: Indoor: _____ sq.ft. Outdoor: _____ sq.ft.

How many business visits to the home are expected each day?: _____

How many visits per week by: Clients: _____ Couriers: _____ Employees: _____

BUSINESS HOURS OF OPERATION:

Monday: _____ am or pm to _____ am or pm

Tuesday: _____ am or pm to _____ am or pm

Wednesday: _____ am or pm to _____ am or pm

Thursday: _____ am or pm to _____ am or pm

Friday: _____ am or pm to _____ am or pm

Saturday: _____ am or pm to _____ am or pm

Sunday: _____ am or pm to _____ am or pm

How many client, courier and/or employee vehicles may be onsite at one time?: _____

How many vehicles are registered to this property?: _____

OPTIONAL: PREFERRED VENDOR EXPRESSION OF INTEREST

Lac Ste. Anne County has an ongoing need for vendors, suppliers and contractors. The County's preference is to engage local businesses in these capacities whenever possible. Providing the optional information below is your first step toward being included on Lac Ste. Anne County's list of preferred local vendors.

Do you wish to be a vendor for the County? **YES** **NO** If **YES**, please list the type(s) of goods or services you provide that you feel the County would use on a regular basis:

Do you have business liability insurance? **YES** **NO** If **YES**, what amount? \$ _____

Do you carry WCB coverage? **YES** **NO** **EXEMPT** If **YES**, what amount? \$ _____

Are you CORE certified? **YES** **NO**

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CONDITIONS

I hereby make application for a Business Licence in accordance with the plans and supporting information submitted herewith. I authorize the staff of Lac Ste. Anne County and other agencies as designated in Section 653(2) of the *Municipal Government Act*, R.S.A. 2000, to enter my land for the purpose of conducting a site inspection to confirm existing site conditions in relation to compliance with existing bylaws and in connection with my Business Licence Application. The personal information provided will be used to process the Business Licence Application and is collected under the authority of Section 642 of the *Municipal Government Act*.

Personal information you provide may be recorded in the minutes of the Municipal Planning Commission, or otherwise made public pursuant to the provisions of the *Freedom of Information and Protection of Privacy (FOIP) Act*, including Section 39 through 42 therein. If you have any questions about the collection and use of this information, please contact the Lac Ste. Anne County FOIP Coordinator at 1.866.880.5722 (toll free), 56521 Range Road 65, Lac Ste. Anne County, Box 219, Sangudo, Alberta T0E 2A0.

Please be advised that any documentation/information (including personal information) required for processing an application may become public once submitted to Municipal Planning Commission or the Development Authority for review and processing.

<i>Applicant name</i>	<i>Applicant signature</i>	<i>Date</i>
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<i>Landowner name</i>	<i>Landowner signature</i>	<i>Date</i>
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AUTHORIZATION FOR AGENT

I (We), _____, being the registered Landowner(s) of said property, hereby authorize:
_____, to make application for a Business Licence on the above mentioned property.

<i>Landowner name</i>	<i>Landowner signature</i>	<i>Date</i>
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Please be advised that this application may be subject to a site inspection prior to decision.

BUSINESS LICENCE ANNUAL FEE: \$50

Penalties

1. A penalty of two-hundred dollars (\$200.00) shall be levied against and paid by any person who commits a breach of any of the provisions of this Bylaw.
2. A penalty of three-hundred and fifty dollars (\$350) shall be levied against and paid by any person who commits for a second time a breach of the provisions of this Bylaw provided the offence is committed within twelve (12) months of the commission of the first offence.
3. A penalty of six-hundred and fifty dollars (\$650) shall be levied against and paid by any person who commits for a third time a breach of the provisions of this Bylaw provided the offence is committed within twelve (12) months of the commission of the second offence.

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Date received (m/d/y): _____ Receipt no.: _____
Authorized County personnel: _____

PAYMENT AUTHORIZATION

Service description: _____

AMOUNT \$: _____

CREDIT CARD AUTHORIZATION

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Payment method: Visa MasterCard Interac Cash Cheque

Credit card no.: _____ Expiry date: _____ CVC: _____

Name of Cardholder: _____ Signature of Cardholder: _____

*NOTE: If you plan to submit this application via email, **do not** provide your credit card details. Payment information will be requested by a County representative at the time of processing, and then securely destroyed.*

This credit card authorization form can be mailed with your application via regular post to the address below

Alternatively, you can remit the application by email **without** the Credit Card Authorization Form and include contact information for payment. Please be advised that permits will not be processed until payment is received. This credit card information will be securely disposed of upon receipt of payment.

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. This information will form part of a file that is publicly available on request. If you have any questions about the collection, use or disclosure of this personal information, please contact the Lac Ste. Anne County FOIP Coordinator at the address below.

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