

# 2024 BUSINESS LICENSE APPLICATION FORM

Business License Bylaw #2018-15

Town of Wainwright  
1018 - 2 Avenue  
Wainwright, AB T9W 1R1  
780-842-3381



## THIS FORM MUST BE SUBMITTED WITH YOUR PAYMENT

PLEASE FILL IN THE FOLLOWING INFORMATION, SIGN AND RETURN WITH YOUR BUSINESS LICENSE PAYMENT IN ORDER THAT WE MAY ISSUE YOU YOUR BUSINESS LICENSE AND EFFECTIVELY UPDATE OUR BUSINESS DATABASE.

BUSINESS NAME: (known as): \_\_\_\_\_

TYPE OF BUSINESS:      IN TOWN - COMMERCIAL      IN TOWN - HOME BASED      OUT OF TOWN      WEEKLY  
(CHOOSE ONE)

BUSINESS ACTIVITIES BEING APPLIED FOR: (This is what will be published as your business description and searchable on our online business directory):  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS LOCATION ADDRESS: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ ADDITIONAL PHONE: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

NUMBER OF EMPLOYEES (FULL TIME AND FULL TIME EQUIVALENT): \_\_\_\_\_  
TOTAL NUMBER OF PART TIME HOURS PER WEEK DIVIDED BY 40 EQUALS FULL TIME EQUIVALENT

PROVINCIAL BUSINESS LICENSE NO. (IF APPLICABLE): \_\_\_\_\_ YEAR BUSINESS CREATED: \_\_\_\_\_

**YOUR BUSINESS WILL AUTOMATICALLY BE ADDED TO THE BUSINESS DIRECTORY AT [WWW.WAINWRIGHT.CA](http://WWW.WAINWRIGHT.CA) AND WILL RECEIVE BUSINESS RELATED INFORMATION FROM THE TOWN OF WAINWRIGHT, IF YOU DO NOT WISH TO BE INCLUDED, PLEASE SPECIFY.**

NO, I DO NOT WANT TO RECEIVE BUSINESS RELATED INFORMATION AND HAVE MY BUSINESS PUBLISHED IN THE TOWN OF WAINWRIGHT WEBSITE BUSINESS DIRECTORY.

### APPLICANT SIGNATURE

I hereby apply for a business license to operate the above-named business at the above-mentioned property in the Town of Wainwright. The information given on this form is complete and is, to the best of my knowledge, a true statement of the facts relating to this application for approval.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

BUSINESS LICENSE NUMBER: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_

DEVELOPMENT AUTHORITY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS / COMMENTS: \_\_\_\_\_  
\_\_\_\_\_