

2026 BUSINESS LICENSE APPLICATION FORM

Business License Bylaw #2018-15

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



Please fill in the following information, sign and return with your business license payment so 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 (if difference than above): _____

City/Town: _____ Postal Code: _____

Business Phone: _____ 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

Your business will automatically be added to the business directory at www.wainwright.ca and will receive information from the Town of Wainwright. If you do not wish to be included, please specify.

No, I do not want my business published on the Town of Wainwright website Business Directory.
 No, I do not want to receive information from the Town of Wainwright.

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: _____

THIS FORM MUST BE SUBMITTED WITH YOUR PAYMENT

OFFICE USE ONLY

Business License Number: _____ Amount Paid: \$ _____

Development Authority Signature: _____ Date: _____

Conditions / Comments: _____

