



2025 NEW BUSINESS GRANT APPLICATION FORM

Application Date:		Business Licence #:	
Business Name:			
Owner Name(s):			
Business Address:			
Mailing Address (if different):			
Contact Number(s):			
Email Address:			
Date Property was purchased (if applicable):			

By signing and initialing this form, I/We understand that this program is subject to the following terms:

Initials	Terms
	1. I/We confirm that the Business we are applying for did not operate in the Town of Ponoka prior to January 1, 2025.
	2. This Business resides and operates in the Town of Ponoka.
	3. I/We understand that we will receive a grant of \$ _____ in the form of a cheque, within 45 days of this application being approved.
	4. This grant is a one-time-per-business grant.
	5. I confirm that I am an authorized signing officer for the business applying.
	6. I/We acknowledge that if the cheque received for this grant is not cashed within 6 months of the issued date, the cheque will be voided and will not be re-issued.

Signature:		Date:	
Signature:		Date:	

Where did you hear about this grant?

Social Media Mail Flyer Radio Ad Newspaper Other: _____

Office Use Only			
Received by:		Date:	
Approved by:		Date:	
Business Licence Type:		Grant Amount:	

FOIP Notification: The personal information you provide on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act and is used solely for the purposes relating to the administration of Assessment/Taxation services. Questions about the collection or use of this information can be directed to the Town of Ponoka at 403-783-0130.