

**DEVELOPMENT SERVICES**

200, 5604 50 Street, Ponoka AB T4J 1G5

Phone: 403-783-4431 Email: [permits@ponoka.ca](mailto:permits@ponoka.ca)**Office Use Only**

Submission Date: \_\_\_\_\_

Roll: \_\_\_\_\_

Customer Identification: \_\_\_\_\_

## Business Licence Application

# COMMERCIAL/INDUSTRIAL/MOBILE/HOME-BASED

(Please print and complete ENTIRE form)

**BUSINESS INFORMATION**

Legal Business Name: \_\_\_\_\_

Operating Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

**ADDITIONAL INFORMATION**

1. Are you a ☐ Resident Business, ☐ Non-Resident Business, or ☐ Regional Resident Business?
2. Are you applying for a Short-Term Business Licence (max. 4 months within calendar year)? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you a Mobile Business Unit (MBU) or Direct Seller? Yes \_\_\_\_\_ No \_\_\_\_\_ Vehicle Identification #: \_\_\_\_\_
4. Are you a Home-Based Business? Yes \_\_\_\_\_ No \_\_\_\_\_ Development Permit #: \_\_\_\_\_
5. Are you the registered property or MBU owner? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Letter of Authorization is required
6. Are you providing a business description? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Letter of Intent is required
7. Do you wish to have your business information provided to the Chamber of Commerce Business Directory? Yes \_\_\_\_\_ No \_\_\_\_\_

The granting of this Licence shall in no way relieve the owner from complying with the Town of Ponoka Land Use Bylaw, Business Licence Bylaw, any other Town bylaws, or applicable Provincial or Federal Statutes or Regulations.

*I certify that the Business will abide by all regulations after receipt of a Business Licence and knowing that failure to comply with all regulations may result in penalties, suspension or revocation of my Licence.*

\_\_\_\_\_  
Printed Name of Applicant\_\_\_\_\_  
Signature of Applicant