



4926 - 50 Avenue
 Sylvan Lake, Alberta T4S 1A1
 Phone: 403.887.2141 Fax: 403.887.3660
 Email: tsl@sylvanlake.ca

BUSINESS LICENSE CHANGE OF INFORMATION

FOR OFFICE USE ONLY

B.L #: _____ Customer ID: _____

Tax Roll: _____ Date Received: _____

BUSINESS INFORMATION -NEW

Applicant/ Business Owner Name: _____

Legal Business Name: _____

Operating Business Name: _____

Business Location: _____

Telephone (business): _____ Cell: _____ Fax: _____

Mailing Address: _____

Street Address	Unit #	City	Province	Postal Code
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Email Address: _____ Website: _____

TYPE OF CHANGE

- Change of Company Name
 Change of Location
 Change of Mailing Address
 Change of Ownership
 Cancellation

BUSINESS INFORMATION –PREVIOUS (where applicable)

Company Name: _____

Owner: _____

Business Location: _____

Telephone (business): _____ Cell: _____ Fax: _____

Mailing Address: _____

Street Address	Unit #	City	Province	Postal Code
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Effective Date of Change: _____

 Signature of Owner/Operator Authorizing Change

 Date

For More Information Please Contact:
 Town of Sylvan Lake, 4926 – 50 Ave. Sylvan Lake, AB T4S 1A1 (403) 887-2141 (403) 887-3660 fax

The information on this form is collected for the purpose of processing your application. Your name, business name, address and the nature of the license will be public information. Your personal information provided on this form is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy (FOIP) Act* and is being collected under the authority of Section 33(c) of the FOIP Act. This information will be used for the purposes of approving a Town of Sylvan Lake Business License and to gather general statistical data.
 Form Revision Date: November 01, 2010

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DP #: _____ Date Valid: _____

Classification:

- DAY - Daily HMA – Home Occ A HMB – Home Occ B HMC – Home Occ C
- RES - Resident THM – Tourist Home STP – Street Performer
- HPM –Hawker/Peddler/Mobile PCV – Push Cart Vendor OTR – Out of Town

Additional Comments: _____

Issue Date

Issued By

Signature

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