



Town of Sylvan Lake  
Municipal Government Building  
5012 – 48 Avenue  
Sylvan Lake, AB T4S 1G6  
T 403-887-2141 F 403-887-3660  
Sylvanlake.ca  
bl@sylvanlake.ca

## BUSINESS LICENSE APPLICATION Commercial Business

New ☐ Change of Information ☐ Renew Inactive License ☐

### FOR OFFICE USE ONLY

B.L. #: \_\_\_\_\_ Customer ID: \_\_\_\_\_ Tax Roll: \_\_\_\_\_ Date Received: \_\_\_\_\_

Primary Business Contact/Owner _____	Position/Title _____
Email _____	Phone # _____
Secondary Business Contact/Owner _____	Position/Title _____
Email _____	Phone # _____
Name of Applicant _____	Position/Title _____
Email _____	Phone # _____

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

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

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

Unit #	Street Address	Town	Province	Postal Code
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Business Phone #: \_\_\_\_\_

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

I agree to receive electronic communication. ☐ Yes ☐ No

Mailing Address: \_\_\_\_\_  
(if different from business address)

If this a change of information ☐ Yes ☐ No

If "Yes" what information has changed? \_\_\_\_\_

Property owner name: \_\_\_\_\_

Property owner phone: \_\_\_\_\_ email: \_\_\_\_\_

What date will the Business start in Sylvan Lake? \_\_\_\_\_

For More Information Please Contact:

Town of Sylvan Lake, 5012 – 48 Ave. Sylvan Lake, AB T4S 1G6 (403) 887-2141 (403) 887-3660 fax

The information is being collected under Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be protected under the provisions of the Act



## BUSINESS LICENSE APPLICATION Commercial Business

Has this business been previously licensed in the Town of Sylvan Lake? ☐ Yes ☐ No

➤ If **"yes"** where was the previous location \_\_\_\_\_

Is this business registered through the Provincial Registrars Office? ☐ Yes ☐ No

➤ If **"Yes"** **A COPY OF THE BUSINESS REGISTRATION IS REQUIRED WITH THE APPLICATION**

What type of license do you require? ☐ Yearly ☐ Daily

Will the business have a liquor license? ☐ Yes ☐ No

➤ If **"Yes"** will minors be prohibited at any time during operation? ☐ Yes ☐ No

➤ If **"Yes"** what hours will a minor be prohibited? \_\_\_\_\_

Will the business have an outdoor patio? ☐ Yes ☐ No

➤ If **"Yes"** will alcohol be served on the patio? ☐ Yes ☐ No

What is the business category? \_\_\_\_\_

e.g. Spa, New Home Builder, Landscaping, etc

Please provide details of the **full intent/description** of the business:

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Are you planning any new signage for the building or the site? ☐ Yes ☐ No

Do you plan to do any renovation work? ☐ Yes ☐ No

➤ If **"Yes"** what type of renovations? \_\_\_\_\_

What is the current use of the property? \_\_\_\_\_

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### Website Business Directory

**ALL businesses with an "Active" Annual business license will be listed on the Website Business Directory**

To add to your business listing you can supply the following information to [bl@sylvanlake.ca](mailto:bl@sylvanlake.ca)

- Company logo
- Up to 3 photos that depict your business
- Detail description of the business for the public
- Website for the company
- Any social media accounts for the company

- **Failure to complete this application fully and to supply the required information may cause delays in the processing of the application.**
- **Any renovations or signage required for this use may require a separate permit application.**
- **You will be contacted by the Licensing Inspector when your business license is approved. The fee for the business license will be determined at that time.**
- **You are not authorized to operate your business until you have obtained your business license.**

BY SUBMITTING AN APPLICATION, I HEREBY ALLOW THE RIGHT OF ENTRY FOR INSPECTION PURPOSES. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS FULL AND COMPLETE AND IS, TO THE BEST OF MY KNOWLEDGE, A TRUE STATEMENT OF THE FACTS RELATING TO THIS APPLICATION FOR A BUSINESS LICENSE.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Business Owner

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Property Owner

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

- ☐ Continuing Use    ☐ Application for DP required    District \_\_\_\_\_
- ☐ Permitted Use    ☐ Discretionary Use    DP # \_\_\_\_\_
- ☐ Application for Building Permit required    BP# \_\_\_\_\_
- ☐ Application for Occupancy Permit required – final inspection date \_\_\_\_\_
- ☐ Application for a Sign Permit required    Date of fire inspection \_\_\_\_\_
- ☐ AHS approval required – Date of Inspection \_\_\_\_\_

Pro Rated:    ☐ Yes    ☐ No    \$ \_\_\_\_\_    NAICS \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Invoice #: \_\_\_\_\_    Receipt #: \_\_\_\_\_

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
Issued by

\_\_\_\_\_  
Signature

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