



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

LICENSE FOOD & BEVERAGE ESTABLISHMENT APPLICATION Business License

New ☐ Change of Information ☐ Renew License ☐

FOR OFFICE USE ONLY

B.L. #: _____ Customer ID: _____ Tax Roll: _____ Date Received: _____

Current Expiry Date: _____ Fee: _____ Additional Conditions Yes / No

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 the applicant is a corporation or partnership the full name and address of all directors, partners and/or shareholders of the corporation must be supplied

Is this a corporation Yes ☐ No ☐

Is this a partnership Yes ☐ No ☐

If **“yes”** attach the required information indicated above to the application.

Property Owner name: _____ email: _____

Property Owner phone: _____

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



Will minors be prohibited at any time during operation? ☐ Yes ☐ No

If “Yes” what hours will a minor be prohibited? _____

Will there be an outdoor patio? ☐ Yes ☐ No; If “Yes” will alcohol be served on the patio? ☐ Yes ☐ No

What is the occupancy load for the building? _____

What is the occupancy load for the patio? _____

What is the business category? _____

e.g. Family Restaurant, Micro Brewery, Lounge, etc.

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

What type of events do you host?

Do you have employees? ☐ Yes ☐ No

If “Yes” how many employees (full time and part time)? _____

Name of Manager(s) _____

Hours of operation - Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

RENEWAL DATES

Your business license will expire at the end of an assigned month based on your businesses operating name.
(i.e. Sylvan Lake Store – renewal month is September).

A	January
B	February
C	March
DEF	April
GHI	May
JKL	June
MNO	July
PQR	August
STU	September
VWX	October
YZ#	November

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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

- 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.**

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.

Signature of Applicant

Date

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

☐ Application for a Sign Permit required Fire inspection date _____

☐ AHS approval required – Date of inspection _____

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

Additional Comments: _____

Invoice #: _____

Receipt #: _____

Issue Date

Issued by

Signature

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