

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 Out of Town Businesses

New \square Change of Information \square Reactivate Inactive License \square

FOR OFFICE USE ONLY				
B.L #:	Customer ID:	Date Received:		
Primary Business Contact/Owner		Position/Title		
Email				
Secondary Business Contact/Owner				
Email				
Name of Applicant				
Email				
Legal Business Name:				
Operating Business Name:				
Business Address: Unit # Street Address			Postal Code	
Telephone (business):				
Email Address:		_		
I agree to receive electronic comm	nunication. 🏻 Yes 🖈 N	lo		
Mailing Address: (if different from abo	ove)			
If this is a change of information what has changed?				
Previous information				
What date will the business begin	operation in Sylvan Lake:			
Has this business been previously licensed in the Town of Sylvan Lake? ☐ Yes ☐ No				
Is this business registered through				
What type of license do you require: ☐ Calendar year (Jan – Dec) - \$350 ☐ Daily - \$50 ☐ Month - \$12				
□ last ½ year (Jul 1 – Dec 31) - \$200 □ last ¼ year (Oct 1 – Dec 31) - \$120				



Issue Date

Issued by

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Would you like to automatically renew your Business License in January? ☐ Yes ☐ No
Does this business do door to door sales? ☐ Yes ☐ No If "Yes" a copy of the Alberta Direct Sellers Licenses is required.
What is the classification of the business?
Please provide details of the full intent/description of the business:
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
FOR OFFICE USE ONLY
Invoice #: Receipt
Classification: □ OTR – Out of Town □ OTRX – Temp □ Seasonal
Pro Rated: ☐ Yes ☐ No DP #:NAICS
Additional Comments:

Signature