



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 Cannabis Retail Sales

New ☐ Change of Information ☐ Renew Inactive License ☐

### FOR OFFICE USE ONLY

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

A **Cannabis Retail Sales Business** requires a valid and subsisting **Administrative License** and an **Operational License** to operate.

**Administrative License** means a license issued for administrative purposes only for a Proposed Cannabis Retail Sales Business.

**Operational License** mean a license issued for the operation of a Cannabis Retail Sales Business.

An **Administrative License** will only be utilized by the licensee to assist in obtaining the **Provincial Cannabis Retail Store License** from Alberta Gaming and Liquor Commission.

After a licensee with an Administrative License receives their **Provincial Cannabis Retail Store License** from Alberta Gaming and Liquor Commission, the licensee will, without delay, provide a copy of the Provincial license to the Town's Licensing Inspector. An **Operational License** may then be issued by the Licensing Inspector.

Operating a Cannabis Retail Sales Business without obtaining a **Cannabis Retail Sales Operational License** is subject to a fine of \$2500 per day for each day the offence continues.

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

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 Cannabis Retail Sales

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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? \_\_\_\_\_

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

Are you the property owner or a tenant? ☐ Property Owner ☐ Tenant

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**

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

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Have you submitted an application to Alberta Gaming and Liquor Commission for a Cannabis Retail Store License? ☐ Yes ☐ No

➤ If "Yes", what date did you make application? \_\_\_\_\_

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## BUSINESS LICENSE APPLICATION Cannabis Retail Sales

### 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.
- **You are not authorized to operate your business until you have obtained your Operational 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 \_\_\_\_\_
- ☐ Discretionary Use   DP # \_\_\_\_\_
- ☐ Application for Building Permit required   BP# \_\_\_\_\_
- ☐ Application for Occupancy Permit required – final inspection date \_\_\_\_\_
- ☐ Application for a Sign Permit required
- ☐ AGLC Provincial Cannabis Retail Store License # \_\_\_\_\_ Approval date: \_\_\_\_\_

☐ Administrative License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Fee \$ \_\_\_\_\_

☐ Operation License # \_\_\_\_\_ Date Issued \_\_\_\_\_

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

NAICS \_\_\_\_\_ Fire inspection Date \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Signature

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