



NON-RESIDENT TOWN OF HIGH RIVER BUSINESS LICENSE APPLICATION

PLEASE NOTE:

- **COMPLETED, SIGNED FORMS MUST ACCOMPANY PAYMENT**
- All sections on this application must be completed before the application can be processed. If any fields are irrelevant to your business, please indicate this by entering "N/A"
- Please return completed forms by email to businesslicense@highriver.ca or mail or hand deliver to:
Town of High River Business License Department
309B MacLeod Trail SW, High River, AB T1V 1Z6

➤ **Faxes will not be accepted**

<input type="checkbox"/> New Application		<input type="checkbox"/> Renewal	
Business License Fees:	<input type="checkbox"/> Yearly - January 1 to December 31 \$300		After July 1 to December 31 \$150
	<input type="checkbox"/> Daily - \$25	This License will be active on:	
	<input type="checkbox"/> Weekly - \$60	7 consecutive days from:	to
	<input type="checkbox"/> Monthly - \$100	One month from:	to
MD of Foothills Resident:	<input type="checkbox"/> Yearly - January 1 to December 31 \$250		After July 1 to December 31 \$125
Proof of Residency (for MD of Foothills Resident):			

BUSINESS INFORMATION

Business Name/Trade Name (Operating as Name):				
Corporation Name (if registered):				
Number of Employees:	Full Time:	Part Time:	Seasonal:	Casual:
NAICS Code:				
Business Description (50 words or less):				

CONTACT INFORMATION

MAILING ADDRESS			
Street:		PO Box:	
Town:	Province:	Postal Code:	
Business Phone:		Business Fax:	
General Inquiry Email:		Website:	



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PRIMARY CONTACT	
Name:	
Email:	
Cell Phone:	Alternate Phone:

SECONDARY CONTACT	
Name:	
Email:	
Cell Phone:	Alternate Phone:

DECLARATION

I hereby apply for an annual/term business license under the provisions of the Town of High River Business Licensing Bylaw 4511/2017 to provide for the regulating and licensing of all businesses carried on within the boundaries of the municipality.

The issuance of a business license by the Town of High River does not authorize or permit the license holder to carry on a business of any pursuit contrary to all other relevant Town of High River bylaws and requirements, nor excuse violation of any regulation or act, which may affect this license. Where a business is found to be in contravention of any of the provisions of this or other Town of High River bylaws, the Bylaw Enforcement Officer may temporarily suspend the license until such time as the contravention is rectified.

I hereby certify the information provided is true and accurate to the best of my knowledge. **THIS APPLICATION WILL NOT BE PROCESSED IF THE NAME AND SIGNATURE FIELDS ARE LEFT BLANK.**

BUSINESS OWNER:

Name	Signature	Date (mmm/dd/yyyy)
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(OR)

AUTHORIZED DIRECTOR OF THE COMPANY:

Name	Signature	Date (mmm/dd/yyyy)
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- YES**, please publish my Business information in the FREE online Town of High River Business Directory available to the public on www.highriver.ca *This applies to ANNUAL Business Licenses only*
- YES**, I would like to receive email communications from High River Economic Development. Communication will be limited to invitations to participate in feedback sessions, Business focused Events & Presentations and Business News for the Town of High River that will bring value to my business. I understand that I may unsubscribe from this list at any time by emailing Business@highriver.ca

If the above boxes are not checked you will be excluded from the Town of High River's Business Directory opportunities and the Town of High River's Economic Development Business Communications.

This information is being collected pursuant to the authority of the Town of High River Business Licensing Bylaw 4511/2017, The Municipal Government Act, RSA 2000, Chapter M-26, as amended and the Alberta Freedom of Information and Privacy Act (FOIP), under Section 33. For any questions regarding the collection, use or disclosure of this information, please contact the Manager of Legislative Services at 403-603-3652.



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AUTHORIZATION OF VISA / MASTERCARD CHARGE

I, _____, authorize the Town of High River to charge my Visa /
(Please print card holder name)

MasterCard in the amount of \$_____.

This charge is for:
(please note address and or
project)

Visa or MasterCard number:

Expiry Date:

Three Digit Code:
(from back of the card)

SIGNATURE OF CARD HOLDER:

Name (print)

Signature

Company Name

Date (mmm/dd/yyyy)

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