



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"
- All new home based businesses require a Development Permit prior to the issuance of a business license. Please contact the Planning Department for this permit.
- If your business is an "office in the home" (desk, phone, computer), you are considered a MINOR Home Occupation.
- 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 \$120	After July 1 to December 31 \$60
	<input type="checkbox"/> Storefront	<input type="checkbox"/> Home Occupation
Youth Business License Fees:	<input type="checkbox"/> Yearly - January 1 to December 31 \$0	After July 1 to December 31 \$0
Birthdate (mmm/dd/yyyy) (for Youth Licenses only):		

BUSINESS INFORMATION

Business Name/Trade Name (Operating as Name):				
Corporation Name (if registered):				
Start date of business in High River:				
Days of Operation:				
Hours of Operation:				
Number of Employees:	Full Time:	Part Time:	Seasonal:	Casual:
Corporate Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Main Office		<input type="checkbox"/> Branch		
NAICS Code:				
Business Description (50 words or less):				
Any DANGEROUS GOODS or CHEMICALS? :	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "YES" Please list:				



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If "YES" – Storage Details:			
Will you be undertaking any interior or exterior construction in the current year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you be installing any signage? : If yes, please fill out a sign application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

CONTACT INFORMATION

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

PROPERTY LOCATION if different from mailing address		
Street:		
Town:	Province:	Postal Code:

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

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

EMERGENCY CONTACT <i>(to be shared with High River Emergency Management, in the event of an Emergency or Disaster)</i>	
Name:	
Cell Phone:	Alternate Phone:



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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.

FOR OFFICE USE ONLY

TAX ROLL	LOT	BLOCK	PLAN
PLANNING APPROVAL SIGNATURE		DATE	FILE NUMBER
<input type="checkbox"/> Minor Home Occupation		<input type="checkbox"/> Major Home Occupation	
EXISTING USE OF LAND OR BUILDING			
PREVIOUS TENANT		PROPOSED USE	
SAFETY CODES APPROVAL SIGNATURE		DATE	FILE NUMBER



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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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