



Town of Cardston
 Box 280, Cardston AB T0K 0K0
Business License Application

Customer Code: _____

Date: _____

Name of Business: _____

Name of Contact: _____

Role of Contact: Manager Owner Owner/ Operator Other: _____

Number of Employees: Full Time _____ Part Time _____ (Not including Owner)

Type of Business: Store Front Home Based Mobile Out of Town Other: _____

**** If this is a Home based business, you may be required to apply to MPC prior to business approval.**

	Physical Location Of Business	Business Mailing Address
Address Line 1		
Address Line 2 (Optional)		
Town / City		
Province / State		
Country		
Postal / Zip Code		

	Business Contact Information	Personal Contact Information
Phone		
Fax		
Toll Free		
E-Mail		
Website		

Permission To Share Business Profile

The Town of Cardston participates in various regional marketing associations. These associations would like to make profiles of local businesses generally available (i.e. via a website or other mass media) in an effort to connect potential customers with these local businesses. Would you allow a profile of this business to be distributed (by the Town or its affiliated Associations) for this purpose?

Yes please share the profile **No**, please do not share the profile

Signature of Applicant

BY SIGNING THIS FORM, YOU AGREE THAT ALL FIRE & OCCUPANCY REGULATIONS WILL BE MET AND ALL BUILDING INSPECTIONS WILL BE PERFORMED PRIOR TO THE APPROVAL OF THIS APPLICATION.

YOU MUST MEET WITH THE DEVELOPMENT OFFICER AFTER YOU HAVE COMPLETED THIS APPLICATION TO DISCUSS SIGNS, PERMITS, AND SAFETY CODES.

<u>For Office Use Only</u>	
Business License #: _____	License Fee: _____
Regional License: <input type="checkbox"/> Yes	Regional License Fee: _____
Provincial License (Where Applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, License # _____
Have all Provincial Licensing and Permit Requirements been met: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please explain _____	
Have all Provincial Health & Fire Safety standards pertaining to business been met: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please explain _____	
Comments: _____	



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Name of Business:

(from pg 1 of application)

Keywords that describe the Business (i.e. Construction, Landscaping, Restaurant, Hair Salon, Retail Store, Computer Service, etc.)

Brief Description of Business Operations and Products Supplied:

Brief Profile of Company:

Development Officer Use

Is the business "Discretionary" under the Land Use Bylaw: Yes No

Does the property zoning allow this type of business: Yes No

Does the business require a sign: Yes No If yes, Permit Received: Yes No

Does the building comply with all the Safety Codes Council regulations: Yes No

Has the business met all development obligations and do you deem the business ready to open?

Yes No

Development Officer

Document Checklist

Food Handling Permits Received: Yes (For any food services, such as restaurants or mobile food vendors.)

Fire Inspection Certificate: Yes

Occupancy Permit Received: Yes

Business Licensing Officer