



PO BOX 10, 205 1ST STREET EAST - CREMONA, ALBERTA, TOM ORO
Ph.: 403-637-3762 Fax: 403-637-2101 www.cremona.ca

BUSINESS LICENSE APPLICATION

This is an application for a Business License under the provisions of the Business License Bylaw 398-05 to operate a business within the limits of the Village of Cremona. A provincial license may or may not be required for the proposed business. The onus will be on the applicant to contact the Provincial Consumer and Corporate Affairs office in Calgary, Alberta. Business licenses are issued for the calendar year and expire at midnight December 31 of that year. If you have any questions please contact the Village of Cremona Office at 403.637.3762. **PLEASE NOTIFY THE VILLAGE OFFICE IF YOUR BUSINESS CHANGES OWNERSHIP, NAME OR PHONE NUMBER.**

This information is being collected under the authority of *the Freedom of Information and Protection of Privacy Act* (FOIP) and will be used for Business Licensing application purposes. You should be aware that this application can and may be disclosed to members of the public in accordance with the FOIP Act. The Village of Cremona would like to distribute the information provided on this form to the Village of Cremona Website as well as to the Cremona/Water Valley & District Chamber of Commerce.

I permit my business information to made public I do not wish to have my business information made public

WE ACCEPT NO RESPONSIBILITY FOR BUSINESSES LOCATED ON RENTAL PREMISES THAT DO NOT HAVE THE APPROVAL OF THE PROPERTY OWNER.

Name of Business: _____

Registered Name: _____

Please check the box that applies to your application:

New Application Renewal with no changes Renewal with changes

Type of Business: _____
(Identify Products of Service)

Home Occupation Local Resident MV County Resident Outside MV County

Do you have a Provincial License from the Department of Consumer and Corporate Affairs? If yes, what is your Provincial License Number: _____

Location of Business Premises: _____

Mailing Address: _____ Prov. _____ PC: _____

Bus. Phone: (____) _____; Cell: (____) _____ Emergency: (____) _____; Fax: (____) _____

Website: _____ Email Address: _____

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved Refused Receipt No. _____ Land Use Classification _____ Conforms? _____

Date of Issue: _____ Fee: _____ License No.: _____

Signature of Licensing Officer: _____