



# BUSINESS LICENSE APPLICATION FORM

## Non Fort Saskatchewan Based Business

11121 - 88 Avenue  
Fort Saskatchewan, Alberta T8L 2S5  
Ph: (780) 992-6248 Fax: (780) 992-1375  
www.fortsask.ca

DATE OF APPLICATION \_\_\_\_\_

### SECTION 1

*This section to be completed by the City of Fort Saskatchewan*

**BUSINESS LICENSE NO.** \_\_\_\_\_

\_\_\_\_\_ **NEW** (Confirmation of Lease/Owned Space & a Development Permit must be attached)

\_\_\_\_\_ **NON RESIDENT**

\_\_\_\_\_ **RENEWAL**

\_\_\_\_\_ **TRANSIENT TRADER**

### SECTION 2 Information in this section may be made available to the public.

Legal Business Name: \_\_\_\_\_

Operating Business Name: \_\_\_\_\_

Business Address: (cannot be a P.O. Box) \_\_\_\_\_

City/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different from business address) \_\_\_\_\_

City/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Manager: \_\_\_\_\_

Description of Business: (Please describe in detail what your business will be doing) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 3 Information in the following sections will NOT be available to the public

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

### SECTION 4

Provincial License Number: (if applicable) \_\_\_\_\_

The Provincial Government licenses certain businesses please ensure that if you require a provincial license you have obtained it prior to applying for your municipal license.

Non-Profit/Charitable Organization # \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_



# CREDIT CARD AUTHORIZATION/RETENTION FORM

I, \_\_\_\_\_ of \_\_\_\_\_  
(print name) (company name)

ADDRESS: \_\_\_\_\_  
CITY/PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

hereby authorize the City of Fort Saskatchewan to use/retain the following credit card number to cover costs of the following fees:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Building Permit   | <input type="checkbox"/> Plumbing Permit                    | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Electrical Permit | <input type="checkbox"/> Gas/Propane Permit                 | _____                                 |
| <input type="checkbox"/> Sewage Disposal   | <input checked="" type="checkbox"/> <b>Business License</b> | _____                                 |

VISA  MASTERCARD

CREDIT CARD NUMBER: \_\_\_\_\_

CARD ISSUED TO: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

When this credit card expires, the card holder is responsible to contact us with a new expiry date.

If you cancel this authorization, the City of Fort Saskatchewan requires written notification.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
ADDRESS PHONE

|   |               |
|---|---------------|
| I, _____, representative for the City of Fort Saskatchewan, acknowledge receipt of this credit card number for the purpose of covering fees for permits only. |               |
| _____<br>SIGNATURE  | _____<br>DATE |