



Town Of Redcliff Business License Application

#1 – 3 St. NE, Box 40, Redcliff, AB T0J 2P0
Phone: 548-3618 / Fax: 548-6623
Email: finance@redcliff
www.redcliff.ca

ACCOUNT # _____

OPERATING NAME: _____

MAILING ADDRESS: _____ CITY: _____ P.C: _____

PH(1): _____ PH(2): _____ EMAIL _____

CONTACT(S): _____ TYPE OF BUSINESS: _____

BUSINESS LOCATION: _____

I **STHIS BUSINESS A HOME OCCUPATION*****

REDCLIFF - COMPLETE PAGE 2 ***



OWNER(S): _____ PHONE: _____ CELL: _____

***OWNER ADDRESS: _____ CITY: _____ P.C: _____

MY INFORMATION MAY BE FORWARDED TO THE ECONOMIC DEVELOPMENT ALLIANCE (EDA) ? **Yes / No**
EDA supports and promotes business retention and expansion, investment attraction, and marketing & communications.

APPLICANT'S SIGNATURE X _____ DATED: _____

**This information is being collected in accordance with section 3 of the Municipal Government Act and section 33 (c) of FOIP to maintain customer contacts for Town of Redcliff businesses. To protect your privacy this information will not be shared, traded or sold or used for any purpose other than that described above and is protected by FOIP. The Town of Redcliff FOIP Coordinator can be reached via:
Phone: 403-548-3618 or by email: finance@redcliff.ca

FOR OFFICE USE ONLY:

FEES / BYLAW 1618:

YEARLY FEE:

PRORATED FEE: (SEPT 1 – NOV 30)*

* NEW DEC LICENSES APPLY TO THE NEXT YEAR

Non-Resident

\$330.00

\$165.00 Peddler \$55.00 ___ /Week

Home Occupation ***

\$82.50 ***

\$41.25 ***

Home Occupation - Catalogue Sales

\$27.50

\$13.75

General Contractor

\$75.00

\$37.50

Sub-Contractor

\$75.00

\$37.50

Mechanical Trade

\$75.00

\$37.50

Seasonal (garden tilling/weed/snow)

\$27.50

\$13.75

Resident - 15 km (excluding above categories) \$55.00

\$27.50

Receipt # _____

BUSINESS LICENSE # _____

Approved / Bylaw Officer: _____

*** DEVELOPMENT PERMIT: NO / YES _____ Approved / Development Officer: _____



TOWN OF REDCLIFF

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Complete if Business is Located in Redcliff:

This information is provided to the Fire & Police Services for their records in the event of an emergency such as fire, break-ins, or utility interruption or outage and to enable them to contact persons able to deal on behalf of or able to contact the business or building owner.

IS THIS BUSINESS A HOME OCCUPATION? YES / NO **FORMS COMPLETE? YES / NO**
IS A DEVELOPMENT PERMIT REQUIRED? YES / NO **APPROVAL LETTER? YES / NO**

MUNICIPAL ADDRESS OF BUSINESS: _____

TAX ROLL # _____

ALARM ON PREMISES: YES / NO

GUARD DOG ON PREMISES: YES / NO

HAZARDOUS GOODS ON PREMISES: YES / NO

LOCAL EMPLOYEE(S) IN CHARGE: _____

ADDRESS : _____

PHONE #(S): _____

OWNER(S) OF BUILDING: _____

ADDRESS : _____

PHONE #(S): _____

ANY OTHER CONCERNED PARTY: NAME: _____
(Person able to contact business owner)

PHONE #: _____ CELL #: _____

***Please notify our office with any change of information.
Thank you.***