



NEW APPLICATION     UPDATE INFORMATION

## Business License Application (Out-of-Town Based)

**NOTE:** ALL fields on this Application form must be completed before the application can be processed. If any fields are irrelevant to your business, please indicate this by entering "N/A".

BUSINESS INFORMATION					
<b>CONTRACTOR INFORMATION:</b> FIRST TIME APPLICANTS MUST REGISTER IN PERSON AT BUILDING INSPECTIONS, OR PERMIT WILL NOT BE RELEASED. ELECTRICAL REQUIRES MASTERS CERTIFICATE. PLUMBING AND GAS REQUIRES CERTIFICATE OF QUALIFICATION.					
<b>BUSINESS NAME</b>					
<b>BUSINESS TYPE</b>					
<b>STREET ADDRESS</b>		<b>CITY</b>		<b>POSTAL CODE</b>	
<b>MAILING ADDRESS</b>		<b>CITY</b>		<b>POSTAL CODE</b>	
<b>PHONE</b>			<b>FAX</b>		
<b>WEBSITE</b>			<b>EMAIL</b>		

PRIMARY CONTACT INFORMATION			
<b>NAME</b>		<b>TITLE</b>	
<b>PHONE(S)</b>		<b>EMAIL</b>	

SECONDARY CONTACT INFORMATION			
<b>NAME</b>		<b>TITLE</b>	
<b>PHONE(S)</b>		<b>EMAIL</b>	

PROVINCIAL LICENSING	
As a contractor, are you accepting pre-payments from clients? (circle one) YES NO	
If you answered YES to the above, please provide proof of Provincial Licensing	

DECLARATION			
<i>I hereby certify that all information given in this application is true to the best of my knowledge.</i>			
SIGNATURE of BUSINESS OWNER <small>(Application will not be processed, if left blank.)</small>		DATE	

FOR OFFICE USE ONLY				
<input type="checkbox"/> DAY LICENSE <input type="checkbox"/> TRANSFER <input type="checkbox"/> NEW BUSINESS	<b>CODE</b>		<b>LICENSE #</b>	
<b>RECEIPT #</b>			<b>AMOUNT PAID</b>	

The information on this form is collected under the authority of the Business License Bylaw and is used solely for purposes related to carrying on a business within the City of Airdrie. Questions about the collection of this information can be directed to the Chief License Inspector, 400 Main ST SE, 403-948-8837. Please be aware that under the FOIP Act, the information on this form may be shared with third parties.