



NEW APPLICATION     UPDATE INFORMATION

## Business License Application (Commercial/Industrial)

**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 NUMBER(S)</b>  |                          |                         |        | <b>EMAIL</b>       |  |
| SECONDARY CONTACT INFORMATION   |                          |                         |        |                    |  |
| <b>NAME</b>   |                          |                         |        | <b>TITLE</b>       |  |
| <b>PHONE NUMBER(S)</b>  |                          |                         |        | <b>EMAIL</b>       |  |
| IN CASE OF AN EMERGENCY AND/OR DISASTER   |                          |                         |        |                    |  |
| <i>The following information will be used in cases of Emergency or Disaster and shared with Airdrie Emergency and/or Disaster Services. Please list those people that have 24 Hour Access to your Business Location.</i>  |                          |                         |        |                    |  |
| <b>CONTACT NAME 1</b>   |                          |                         |        | <b>PHONE</b>       |  |
| <b>KEYHOLDER</b>  | YES NO                   | <b>ALARM PASSWORD</b>   | YES NO | <b>PHONE 2</b>     |  |
| <b>CONTACT NAME 2</b>   |                          |                         |        | <b>PHONE</b>       |  |
| <b>KEYHOLDER</b>  | YES NO                   | <b>ALARM PASSWORD</b>   | YES NO | <b>PHONE 2</b>     |  |
| Are any DANGEROUS GOOD or CHEMICALS stored at the Business Location?    YES    NO (IF "YES", PLEASE LIST)   |                          |                         |        |                    |  |
|   |                          |                         |        |                    |  |
| <b>PROPANE (YES/NO)</b>   | <b>GASOLINE (YES/NO)</b> | <b>STORAGE DETAILS:</b> |        |                    |  |
| PRE-REQUISITES  |                          |                         |        |                    |  |
| The Food Establishment Permit or copy of your Health Inspection form issued by the Calgary Health Region, Environmental Health <b>MUST</b> be attached to your application form. (Contact the Health Inspector at 943-2296 should you require more information) |                          |                         |        |                    |  |
| <b>CALGARY HEALTH REGION #</b>  |                          |                         |        |                    |  |
| The Planning Department may require a Tenancy Permit to operate in Airdrie.   |                          |                         |        |                    |  |
| <b>TENANCY PERMIT #</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>   |                          |                         |        |                    |  |
| <b>SIGNATURE of BUSINESS OWNER</b><br><small>(Application will not be processed, if left blank.)</small>  |                          |                         |        | <b>DATE</b>        |  |
| 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 Section 33 of the Freedom of Information and Protection of Privacy Act 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 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.

| BUSINESS PROFILE FOR ECONOMIC DEVELOPMENT   |     |    |
|---|-----|----|
| <i>For more information or clarification, please contact the Economic Development Department @ 403-948-8844.</i>  |     |    |
| 1. What year was this business first established in Airdrie?  |     |    |
| 2. What is the size of your Business Building Locations(s)? (Please indicate if m <sup>2</sup> or ft <sup>2</sup> )                                       |     |    |
| 3. How many total Employees does your Business have? (Both Full and Part Time)  |     |    |
| 4. Are you planning to expand your business in the next 2 to 5 years? (circle one)  | YES | NO |
| 5. Would you like someone from Economic Development to follow up with you? (circle one)   | YES | NO |
| 6. Would you like to be on the City of Airdrie Economic Development eMail List? (for Events, Business Information, etc...) (circle one)                   | YES | NO |
| 7. Do you want your business (business name, address, website & phone) listed in the free business directory on the City of Airdrie website? (circle one) | YES | NO |
| 8. Do you want your business listed in the free business directory on AlbertaFirst.com? (circle one)  | YES | NO |
| 9. Please list Products and Services that your Business offers.   |     |    |

| FIRE AND BUILDING INSPECTIONS INFORMATION  |
|--|
| <p>OCCUPANCY PERMIT:</p> <p>An Occupancy Permit and Fire Inspection are required <b>before any occupancy</b> of a building after:</p> <ul style="list-style-type: none"> <li>Construction (includes occupancy of new bays)</li> <li>Relocation</li> <li>Partial Demolition</li> <li>Alteration of that building, and/or</li> <li>Change in the occupancy of a building (i.e. change from office use to mercantile use), and/or</li> <li>Opening new business</li> </ul> <p>If you require an Occupancy permit, applications can be obtained at the City of Airdrie's Inspection Department, which is located at City Hall: 400 Main ST SE, 403-948-8832.</p> |

| THE FOLLOWING IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO ENSURE THE FOLLOWING IS OBTAINED. |                      |    |
|--|----------------------|----|
| ITEM   | DATE ISSUED/COMPLETE | BY |
| <b>DEVELOPMENT PERMIT</b>  |                      |    |
| <b>BUILDING INSPECTIONS PERMITS</b>  |                      |    |
| <b>FIRE INSPECTIONS</b>  |                      |    |
| <b>BUSINESS LICENSE</b>  |                      |    |