

Town of Bassano Business License Application If any fields are irrelevant to your business, please indicate this by entering "N/A"

1	New Application	Lice	nse Renewa	I/Update Inform	ation	Customer No:		
Business Lie	cense Fees:	🗆 Res	ident \$70.00		on Reside	ent \$120.00		
Applicant Information								
Business Name/Trade Name (Operating As Name):								
Corporation Name (required if registered):								
Year Established: Type of Location: Headquarters/Main Office Branch								
Corporate Structure: Corporation Limited Liability Company Partnership								
Sole Proprietorship								
Business Description 50 words or less:								
	-							
	Ν	lailing A	ddress and	Contact Inforn	nation			
Street Addre	ess or PO Box:	2						
Town:			Province:		Postal C	ode:		
General Ing	uiry Email:							
General Inquiry Email:								
Website:								
Business Ph	none:		Business Fax:					
				(01)				
Tax Roll#		Legai Lot	Description	(Office Use Or Block	ny)	Plan		
		LOI		DIOCK				
North Ameri	ican Industry Class	ifacation	System (NA	ICS Code):				
	Property Info	mation	(Street address	may be published	l in husings	c directory)		
Street Addre		mation	Street address	may be published	i in busines	s directory)		
Town:			Province:		Postal Code:			
Existing use	e of Land or Buildin	g:						
Owner Sia	nature/Permissio	n Letter:	New applicant	s must provide Owr	ner OR perm	ission letter authorizing an		
			Agent to sign			J		
Owner/Agent Signature:			Print Name:		Permission letter attached			
	Primary Contac	t/Owner I		will not be published	I in the busin	ess directory)		
Name:			Title:					
Email:			Phone:					
Cell/Alternate: Secondary Contact/Owner (will not be published in the business directory)								
Name:	Occondary	Soniaol/	Title:		o business u			
Email:			Phone:					
Cell/Alternat	te:							

Town of Bassano, 502 2<sup>nd</sup> Avenue, Bassano, AB T0J 0B0 Phone: 403-641-3788 Fax: 403-641-2585 Website: <u>www.bassano.ca</u> Public/Forms

	About Your Bus	iness						
Start date/opening date of business in E	Bassano:							
What are your days/hours of operation?								
How may employees does your busines	ss have?							
Full Time: Part Time:	Sea	sonal:	Casual:					
Please list products and services that ye	our business offer	s. Be as specific as	s possible.					
Will you be installing any signage? (If y	es, please fill out	a sign permit applic	ation) Yes No					
In Case of Emerency and/or Disaster								
The following information will be used in cases of an Emergency or Disaster and shared with Town of								
Bassano Emergency Management Age	ncy. Please list th	nose people that ha	ve 24 hour access to your					
business location.								
Contact Name 1								
Phone 1	Pho	ne 2						
Keyholder 🗌 Yes	No No							
Contact Name 2								
Phone 1	Pho	ne 2						
Keyholder? Yes		-						
Are there any DANGEROUS/HAZARD		R CHEMICALS sto	red at the Business					
Location?								
	Propane	Gasoline	Flammalbe Paint					
Other Dangerous/Hazardoous Goods/C								
	nemical Storage							
	DECLARATI	9)N						
I hereby apply for an annual business license under the provision of the Town of Bassano Bylaw								
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832/11 to provide for the regulating and	cense under the p	provision of the Tow						
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