



SCHEDULE "D"

Business License Application

If any fields are irrelevant to your business, please indicate this by entering "N/A"

<input type="checkbox"/> New Application				<input type="checkbox"/> License Renewal/Update Information		<input type="checkbox"/> Customer No: _____	
Business License Fees:				<input type="checkbox"/> Resident \$70.00		<input type="checkbox"/> Non-Resident \$120.00	
Applicant Information							
Business Name/Trade Name (operating as):							
Corporation Name (required if registered):							
Year Established:				Type of Location: Headquarters/Main Office <input type="checkbox"/> Branch <input type="checkbox"/>			
Corporate Structure: Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/>							
Sole Proprietorship <input type="checkbox"/>							
Business Description 50 words or less:							
Mailing Address and Contact Information							
Street Address or PO Box:							
Town:		Province:		Postal Code:			
General Inquiry Email:							
Website:							
Business Phone:				Business Fax:			
Legal Description (Office Use Only)							
Tax Roll#		Lot		Block		Plan	
North American Industry Classification System (NAICS Code):							
Property Information (Street address may be published in business directory)							
Street Address:							
Town:		Province:		Postal Code:			
Existing use of Land or Building:							
Owner Signature/Permission Letter: <i>New applicants must provide Owner OR permission letter authorizing an agent to sign</i>							

Owner/Agent Signature:	Print Name:	Permission letter attached
Primary Contact/Owner Information (will not be published in the business directory)		
Name:	Title:	
Email:	Phone:	
Cell/Alternate:		
Secondary Contact/Owner (will not be published in the business directory)		
Name:	Title:	
Email:	Phone:	
Cell/Alternate:		
About Your Business		
Start date/opening date of business in Bassano:		
What are your days/hours of operation?		
How many employees does your business have?		
Full Time:	Part Time:	Seasonal: Casual:
Please list products and services that your business offers. Be as specific as possible.		
Will you be installing any signage? (If yes, please fill out a sign permit application) Yes No		
In Case of Emergency and/or Disaster		
The following information will be used in cases of an Emergency or Disaster and shared with Town of Bassano Emergency Management Agency. Please list those people that have 24-hour access to your business location.		
Contact Name 1:		
Phone 1:	Phone 2:	
Keyholder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contact Name 2:		
Phone 1:	Phone 2:	
Keyholder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any DANGEROUS/HAZARDOUS GOODS OR CHEMICALS stored at the Business Location?		
If YES, please specify: Propane <input type="checkbox"/> Gasoline <input type="checkbox"/> Flammable Paint <input type="checkbox"/>		
Other Dangerous/Hazardous Goods/Chemical Storage details:		

DECLARATION

I hereby apply for an annual business license under the provision of the Town's Bylaw 932/23 to provide for the regulating and licensing of all businesses carried on within the boundaries of the municipality.

The issuance of a business license by the Town does not authorize or permit the license holder to carry on a business or any pursuit contrary to all other relevant Town bylaws and requirements, nor excuse violation of any regulation or Act, which may affect this license. Where a business is found to be in contravention of any of the provisions of this or other Town bylaws, an Enforcement Officer may temporarily suspend the license until such time as the contravention is rectified.

I hereby certify the information provided is true and accurate to the best of my knowledge.

NAME OF BUSINESS OWNER or AUTHORIZED AGENT OF THE COMPANY:

Name (Please Print)

Signature

Date (mm/dd/yyyy)

The information in this Business License Application is being collected pursuant to the authority of the Town of Bassano Business Licensing Bylaw 932/23, the Municipal Government Act, RSA 2000, Chapter M-26, as amended and the Freedom of Information and Privacy (FOIP) Act, Chapter F-25 as amended and may be shared in accordance with this legislation, unless specifically noted. For any questions regarding the collection, use or disclosure of this information, please contact the Freedom of Information and Protection of Privacy (FOIP) Coordinator at 403-641-3788.