

Business License Renewal Form

Choose one:

-
- Renewal
-
-
- Cancel

Choose one:

-
- Resident
-
-
- Non-Resident

Business Type:

-
- Home Based
-
- Commercial
-
- Non-Resident
-
- General Contractor

Business Information

Operating Business Name:

Beaumont Business License #:

Legal Business Name:

Business Phone:

Alternate Phone:

Website:

Business E-mail:

Industry Type:

Business Address:

City:

Province:

Postal Code:

Mailing Address:

City:

Province:

Postal Code:

Contact Information

Information in this section will not be made available to the public.

Owner(s) Name:

Owner(s) Address:

City:

Province:

Postal Code:

Owner(s) Phone:

Owner(s) E-mail:

Business Contact Name:

Business Contact E-mail:

Secondary Contact Name:

Phone:

Cell Phone:

Operating Information

Information in this section will be used to notify your business for available programs/grants and support.

Describe Business Activities (explain how the business will operate and list services provided):

 Are there other businesses currently operating at this address?
 YES
 NO

 Number of Employees:
 0
 1-2
 3-6
 7-12
 13-25
 26-50
 51-100
 101+

 Would you like your Business: Name, Phone number, Email, and Website published free of charge in Beaumont's Business Directory and the online business directory located at www.investinbeaumont.ca ?
 YES
 NO

 Do you wish to publish your address on the directory?
 YES
 NO

Disclaimer - while every care has been exercised in compiling and publishing the data from this page, and in recognition that the information is being published free of charge, the City of Beaumont accepts no responsibility for any errors or omissions. The City of Beaumont does not sell information.

Operating Information Continued

Information in this section will be used to notify your business for available programs/grants and support.

The City of Beaumont would like access to reach out to you regarding surveys, newsletters, advertising, calls to action and other initiatives. Please provide your consent: YES NO

Would you like to be recognized as any of the following:

Female Entrepreneur Francophone Visible Minority Indigenous Choose Not to Answer

Which **municipalities** do you operate your business in? _____.

Which **provinces** do you operate your business in? _____.

Which **countries** do you operate your business in? _____.

Languages spoken at place of business? _____.

Authorization

I hereby certify that the above information is true and properly sets out the business at which is carried out by the applicant, owner, or operator or by any person(s) as the case may be. I understand that should the business stay active, that I must renew by January 31st of any given year in which the business intends to operate and that if I do not renew in time that I may be liable for any and all administrative fees and/or fines. Approval of this Business License does not exempt the applicant from obtaining necessary permits required through Municipal Bylaws and Provincial Statutory Regulations. It is my responsibility to contact Alberta Health, AGLC, Insurance, or other related parties regarding the business. I acknowledge I have read and understood the contents of this form.

Applicant Name: _____ Position: _____

Applicant Signature: _____ Date: _____

#InvestinBeaumont

The personal information on this form is collected under the authority of Business Licensing Bylaw 831-14 and will be used to administer the City of Beaumont Business License program. It will be treated in accordance with the privacy provision of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) to assess all matters relevant to your application for this license. The City may request input from employees of other City of Beaumont departments, Alberta Health Services, Beaumont RCMP, Edmonton & Area Child and Family Services and/or Alberta Gaming Liquor Cannabis Commission in order to properly assess your application for this license or to determine appropriate conditions, if any, for this license. Therefore, the City considers your submitted application consent to disclose the personal or other information provided in your application to other City employees or to the other named entities as may be required for these purposes, pursuant to section 40(1)(d) of FOIP. If you have any questions regarding the collection, use or disclosure of your personal information please contact the City of Beaumont's FOIP Coordinator at (780) 929 8782.

FOR OFFICE USE ONLY:

CUSTID #:

DATE: