

Town of Cochrane
BUSINESS LICENSE APPLICATION
 101 RancheHouse RD
 Cochrane AB T4C 2K8
 Phone: 403-851-2573
 Fax: 403-851-2557
 Email: business.licenses@cochrane.ca



Please PRINT clearly

Business Name or Trade Name (operating as):		
Corporation Name (if applicable):		
Primary Contact Name:	Position:	
Secondary Contact Name:	Position:	
Business Description:		
Physical Location of Business		
Street Address:		
City/Town:	Province:	Postal Code:
E-mail Address:		
Bus. Phone:	Fax:	Cell:
Mailing Address for Business (if different from above)		
PO Box/Street Address:		
City/Town:	Province:	Postal Code:
Business Information		
<input type="checkbox"/> Resident (Physical location or mailing address <u>is</u> in Cochrane) If Home Based: Minor Yes <input type="checkbox"/> No <input type="checkbox"/> Major Yes <input type="checkbox"/> No Development Permit # _____		<input type="checkbox"/> Non-Resident (Physical location or mailing address is other than Cochrane)
Type of Business (Please Check One)		
<input type="checkbox"/> Home Based Non GST Registered <input type="checkbox"/> Home Based GST Registered <input type="checkbox"/> Commercial location <input type="checkbox"/> Retail location		
Commercial/Retail Spots located in Cochrane:		
Fire Inspection Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> (403-851-2543)		Planning Dept. Land Use/Parking Permitted Yes <input type="checkbox"/> No <input type="checkbox"/> Development Permit Required Yes <input type="checkbox"/> No <input type="checkbox"/> Development Permit # _____
Length of Term		
<input type="checkbox"/> Term – 3 Months <input type="checkbox"/> Term – 6 Months <input type="checkbox"/> Annual (January - December)	Would you like your business included in the online business directory? Yes <input type="checkbox"/> No <input type="checkbox"/>	Start Date of Business in Cochrane:
OFFICE USE ONLY		
Date Received:	Payment Amount:	Receipt #
CR79 <input type="checkbox"/> CR78 <input type="checkbox"/> (pre-paid)	Term expiry date:	Account #

ALBERTA PROVINCIAL LICENSING OF DESIGNATED BUSINESSES – If you are any of the following business types listed below, you may require a Provincial License. A municipal business license cannot be issued until proof of compliance of the provincial license is received. Please contact the appropriate agencies as shown.

Housing & Consumer Affairs – Contact Alberta Government Services 403-310-0000 www.gov.ab.ca/gs

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Auctions | <input type="checkbox"/> Collector | <input type="checkbox"/> Electricity Marketing | <input type="checkbox"/> Prepaid Contractors |
| <input type="checkbox"/> Cemeteries | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Employment Agencies | <input type="checkbox"/> Retail Homes |
| <input type="checkbox"/> Mausoleum | <input type="checkbox"/> Crematory | <input type="checkbox"/> Charitable Organization | (manufactured homes) |
| <input type="checkbox"/> Collection Agency | <input type="checkbox"/> Direct Seller (door- to-door sales) | | <input type="checkbox"/> Natural Gas Marketing |

Provincial License Number: _____ (please provide copy)

Electrician/Plumber Registration Number: _____ (please provide copy)

Alberta Motor Vehicle Industry Council – Contact 1-877-979-8100 www.amvic.org

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|--|---|------------------------------------|
| <input type="checkbox"/> Garages | <input type="checkbox"/> Specialty Repair Shops (transmission, mufflers, etc) | |
| <input type="checkbox"/> Mobile Automobile Repairs | <input type="checkbox"/> Prepaid Auto Service Contracts | <input type="checkbox"/> Body Shop |
| <input type="checkbox"/> Vehicle Sales | <input type="checkbox"/> Consignment Sales | <input type="checkbox"/> Leasing |

Provincial License Number: _____ (please provide copy)

Alberta Funeral Services Regulatory Board – Contact 1-800-563-4652

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|---|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Funeral Business | <input type="checkbox"/> Director | <input type="checkbox"/> Embalmer | <input type="checkbox"/> Pre-arranged Funeral Planner |
|---|-----------------------------------|-----------------------------------|---|

Provincial License Number: _____ (please provide copy)

Real Estate Council of Alberta – Contact 1-888-425-2754 www.reca.ca

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|--------------------------------|---------------------------------|--|---|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Broker | <input type="checkbox"/> Mortgage Broker | <input type="checkbox"/> Property Manager |
|--------------------------------|---------------------------------|--|---|

Provincial License Certificate Number: _____ (please provide copy)

Alberta Insurance Council – Contact 403-233-2929 www.abcouncil.ab.ca

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|--------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Broker | <input type="checkbox"/> Adjuster |
|--------------------------------|---------------------------------|-----------------------------------|

Provincial License Number: _____ (please provide copy)

Alberta Gaming and Liquor Commission – Contact 403-292-7300 www.aglc.gov.ab.ca

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|---------------------------------|-----------------------------------|----------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Liquor | <input type="checkbox"/> Gambling | <input type="checkbox"/> Raffles | <input type="checkbox"/> Bingos | <input type="checkbox"/> Pull Tickets |
|---------------------------------|-----------------------------------|----------------------------------|---------------------------------|---------------------------------------|

Provincial License Number: _____ (please provide copy)

Calgary Health Region– Contact 403-851-6172

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|---|---|
| <input type="checkbox"/> Approval Granted | <input type="checkbox"/> Application Denied |
|---|---|

Inspection Approval Form Number: _____ (please provide copy)

EXEMPTION

- Exempt from Municipal Licensing / Reason for Exemption:** _____
Please provide copy of related legislation or certification for exemption.

DECLARATION

I hereby apply for an annual / term Business License, as per Town of Cochrane Bylaw 10/2009. I confirm that the information shown above, including name, address and category information are correct. I understand that a change to any existing information renders this registration VOID. I agree to provide the Town of Cochrane with written notice of any further changes to this information.

This license does not authorize or permit the registrant to carry on a business or any pursuit contrary to the provisions of other Town of Cochrane bylaws. Where a person or business is found to be in contravention to any of the provisions of this or any other Municipal Bylaw, the officer may temporarily suspend the business until such time as the contravention is rectified.

Signature of Applicant

Print Name

Date Signed

FOIP Notification: Your personal information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. The personal information you provide on this form is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. This information will be used to produce a Business Listing and to collect general statistical data. If you have any questions about the collection or use of this information please contact the FOIP Coordinator, Town of Cochrane, 101 RancheHouse Road, Cochrane, AB T4C 1A2, 403-851-2526.