



Village of Stirling Business License Application Form

Form A

Box 360, 229 4th Avenue, Stirling, Alberta T0K 2E0
P 403-756-3379 F 403-756-2262 email: office@stirling.ca

I/We, hereby submit the following application under the provisions of the Village of Stirling Business License Bylaw No. 445-13, for a license to operate/conduct a business within the Village of Stirling.

Is this a Home based business? Yes No Do you have a Home Occupation Permit? Yes No

Business Name: _____

Registered Owner(s): _____

Contact Name: _____

Business Location (physical address): _____

Mailing Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Business Phone # _____ Business Fax: _____

Business Website: _____ Business Email: _____

Type of Business (which **industry sector** you think best categorizes this business and please include a **brief description** of services/products offered) _____

*Number of Employees – Full Time: _____ Part Time: _____ Casual/Seasonal: _____

Does your business require a Village of Stirling Development Permit, Provincial Permit or Federal Approval to operate (i.e.: new commercial business, new use of an existing space, or Alberta Health Services Facility number)? Yes No

Agency: _____ Permit # _____

Please note that the following businesses must attach a copy of your site approval from the Public Health Inspector: grocery & convenience stores, all food & beverage services (including mobile & concession), water processors, and all personal services.

The Village of Stirling often receives inquiries for businesses in the community and we use our business directory to inform people of your business. **If you do NOT want your business information published in an online or print Business Directory – please check this box.**

Applicant Declaration

I hereby certify that all information given in this application is true and accurate and I agree to abide by all and any Bylaws, Rules and Regulations that now or hereafter may be in force with respect to the same trade, business or calling hereby licensed.

(Signature of Applicant)

(Date)

The personal information requested on this form is being collected for the Business Licensing Program as required by the Village of Stirling, under the authority of the Municipal Government Act and is protected by the *Freedom of Information and Protection of Privacy Act* (the FOIP Act). If you have any questions about the collection or use of your personal information, contact the Village of Stirling office at 403-756-3379.

For Office Use Only:

License No. _____ Receipt No. _____ Date: _____

Code: Home Occ. 01 / Commercial Business 02 / Non-Resident 03 Amount Paid: \$10 / \$10 / \$50 / pro-rated \$ _____

Add to Online Directory Yes/ No Completed By _____