



Business License Application Form

Date: _____

Business Information

Business Name: _____

Legal Business Name (if applicable): _____

Business Location (civic address): _____

Business Mailing Address: _____ City: _____

Province: _____ Postal Code: _____

Contact name(s): _____

Business Telephone: _____ Business Email: _____

Website: _____

Social Media Names: Facebook: _____

Instagram: @ _____ Twitter: @ _____

Applicant Information

Name: _____

Mailing Address: _____

(Address, city, postal code)

Phone: _____ Email: _____

Business Operation Details

Describe your business operation. What products/services do you offer?

Check off the category or categories that best describe your business:

Accommodations	Animal Care	Arts & Entertainment	Attractions & Recreation	Automotive	
Catering & Food Services	Construction	Education	Financial Services	Grocery & Convenience	
Hair & Aesthetics	Health Care	Landscaping & Gardening	Liquor	Manufacturing	Oilfield
Other: _____	Plumbing & Electrical	Professional Services	Restaurants & Bars	Retail	Woodworking



Business License Application Form

Continued

Opportunity Inclusion

Would you like your business to be listed on the Village of Linden website? Yes No

Would you like your business mentioned on the Village of Linden social media accounts? Yes No

Do you authorize the Village of Linden to provide your business information to the Three Hills & District Chamber of Commerce? Yes No

License Information

Type of License: Local Local Non-Resident Non-Resident

"Local Non-Resident" means a business operation within 60 km from the Village of Linden.

Home-based business? Yes No

Do you have a Provincial License? No Yes If Yes, License #: _____

Note: Are you going to the consumer's home to solicit and negotiate contracts?
 Do you require a deposit or any payment before the job is complete?
 If the answers are yes, then you require a **Provincial Business License**.

Final Authorization

I hereby make application and acknowledge that the above information is, to the best of my knowledge, true and accurate. I certify that I will abide by all regulations after I have received my Licence, knowing that failure to comply may result in penalties, suspension or revocation my Licence.

Applicant Signature: _____ Date: _____

The personal information requested in these forms is protected under the Freedom of Information and Protection of Privacy Act (FOIP). Collection of the personal information on this form is authorized under the Municipal Government Act and is required for the purpose of the Village of Linden's Planning & Development processes. The information will be used by the Village staff and representative contact information. If you have questions regarding FOIP, please phone 403-546-3888 and ask for the FOIP Coordinator.

For Office Use Only

License Number: _____ Fee Paid _____

Application Fee: _____

Date: _____