

## OUT-OF-TOWN BUSINESS LICENSE APPLICATION

New Business:	Change of Information:	Renew Inactive Business License:
<b>1. Business Address</b>		
Address:		
City:	Province:	Postal Code
<b>2. Business Information:</b>		
Legal Company Name:	Operating Company Name:	
Business Phone:	Business email:	
Business Description:		
Describe Business Activity within Wetaskiwin:		
Is this business registered through the Provincial Registrar’s Office?      Yes:      No:		
<b>If yes, a copy of the business registration is required with the application.</b>		
<b>3. Change of Information:</b>		
If this is a change of information, what information has changed:		
<b>4. City Information Services</b>		
The City of Wetaskiwin and its partners place business information online so citizens can locate businesses and service providers. Please confirm your desire to receive relevant business tips, information and whether you would like to share your business.		
<input type="checkbox"/> Send me City-related information <input type="checkbox"/> Advertise my business on the City’s website <input type="checkbox"/> Share my business information with the Chamber of Commerce		
<b>5. Owner/Head Office(s) Information:</b>		<b>6. Applicant’s Signature:</b>
Name:		_____ Applicant Signature
Address:		
City:		
Province:	Postal Code:	_____ Application Date
Phone:		
Email:		
Unless otherwise noted, the applicant will receive electronic notification.		

*The personal information collected on this form is being collected under the authority of Sections 33, 39 (1)(a)(b) and 40 (1) (a)(b)(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) , and Section 301.1 of the Municipal Government Act RSA 2000 (MGA). The information collected will be used to process your application(s). Your name, contact telephone number, and address may be used to carry out current and/or future construction, operating programs, services, or activities within the Municipality. If you have questions about the collection, use, or disclosure of the personal information provided, please contact the FOIP Coordinator at 780.361.4400.*



City Use Only:	
Date Received:	Received By:
Fees Received:	Receipt Number
Notes:	