

Town of Gibbons

Box 68, Gibbons, AB, T0A 1N0 Phone (780) 923-3331 Fax (780) 923-3691

APPLICATION FOR BUSINESS LICENCE							
COMPANY / APPLICANT INFORMATION							
IS THIS A HOME OCCUPATION? YES N		If yes please complete			APPLICATION FEE: \$50.00 MINOR		
		questionna		rse APPLI	APPLICATION FEE: \$100.00 MAJOR		
NAME OF APPLICANT:							
ADDRESS OF APPLICANT							
TELEPHONE NO. OF APPLICANT: Home					cell		
BUSINESS LEGAL NAME (Legal or registered name):							
BUSINESS OPERATING NAME (Trade/operating Name):							
BUSINESS CIVIC ADDRESS							
BUSINESS MAILING ADDRESS:					PC:		
BUSINESS TELEPHONE NO.:		FAX:	AX:				
EMAIL: WEB SITE							
DESCRIPTION OF BUSINESS (10 WORDS OR LESS):							
If this is an Automotive Business we will require a copy of your Provincial License.							
OWNER IS RESIDENT OF GIBBONS? YES NO							
Include my business in_the Gibbons Business Directory ?							
Email me the monthly Gibbons Newsleter at:							
(To opt out at anytime type "opt out" in the subject line of your monthly newsletter OR mail your request to the above address.)							
EMERGENCY CONTACT INFORMATION							
NAME: TELEPHONE NUMBER:							
LICENSE FEE SCHEDULE – OFFICE USE ONLY							
Commercial Licence Fees	From Janu	ary 1 \$30.0 1 \$15.0	$=$ \cdot	ril 1	2.50 50	These fees are pro-rated quarterly.	
Non-Resident License Fees	☐ Janu	ary 1 \$150.			12.50		
Non-Resident License Fees	From July			tober 1 \$37			
Accessory Home Occupation	From Janu	ary 1 \$100. 1 \$50.0	= :	-	5.00 5.00		
Transient Trader/Hawker \$50.00 per day \$75.00 per week							
Seasonal \$75.00	Student:	\$15.00		Transf	er 🗌 \$10.0	0	
Reviewed: Date: Signature							
Comments:							
Conducive to Land Use Bylaw: YES NO							
Conductive to Earlie OSC Bylaw. 125 190							

6: 1.: 5.:		
Circulation: Date		
1. Fully describe the operation of the	business.	
2. How will your business disperse of	your product or service?	
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2. M/bat is the group and trading area		
3. What is the proposed trading area		
4. Outline your hours and days of ope	eration.	
5. How many vehicles will be required unit.	d for your operation? Please provide the t	type and gross vehicle weight of each
6. Please specify any type of flammak	ole good that will be required for your bus	iness and how you intend to store them.
1 / / /1	1 7	•
7. What type of equipment will be re-	quired for the operation of your business?	<u> </u>
7. What type of equipment will be re-	quired for the operation of your business:	
		SSI
8. Will your business operation gener	rate noise? If so how do you anticipate m	uffling it?
9. Will outside storage be required fo	r your operation?	
10. Other comments?		
IF THIS IS A HOME OCCUPATION THE	EOLLOWING WILL APPLY:	
		o Chaff for commonts or constitute
• •	ed, it will be reviewed by the Administration	ve starr for comments or questions.
You may be required to appear before		
	will be forwarded to approximately twen	
	nfidential, however, the address will appe	
A three month trial period is applicable	le for all applications and Council reserves	the right to withdraw the business
licence should problems occur.		
Should the Administrative Staff refuse	your application, you have the right to ap	ppeal to Council.
By application of your signature you h	ave given the Town of Gibbons permission	n to undertake a Canadian Police
Identification Check, if required.		
· · · · · · · · · · · · · · · · · · ·	collected under the authority of Section	33 (c) of the Freedom of Information
_	With exclusion of the Emergency Contac	
• • •	tinely disclosed upon request by the publ	
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Gibbons at the above address.	control about the conceth of this infolling	and. picase contact the fown of
GINNOITS AT THE ANOVE AUGIESS.		
Applicant Printed Name	Applicant Signature	Date
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