



APPLICATION FOR BUSINESS LICENSE
Municipal District of Greenview No. 16
4707-50 Street, Box 1079, Valleyview AB T0H 3N0
T 780.524.7600 F 780.524.4307 Toll Free 1.866.524.7608
www.mdgreenview.ab.ca

The Business License Application is only considered complete once noted information has been provided to our office. This checklist must be completed by the applicant and submitted with the application.

Completed:

	Business License Application Form with Signature(s)
	Copy of Lease Agreement <i>(if applicable)</i>
	Non-refundable application fee as per Greenview's Schedule of Fees Bylaw

Applicant Information

Name of Applicant:			
Mailing Address:		Primary Phone:	
Hamlet:		Other Phone:	
Postal Code:		Email:	

(By providing your email address, you authorize Greenview Planning and Development to contact you via email.)

(Complete if different from applicant)

Registered Landowner or Lessor:			
Mailing Address:		Primary Phone:	
Hamlet:		Other Phone:	
Postal Code:		Email:	

(By providing your email address, you authorize Greenview Planning and Development to contact you via email.)

Land Information

Legal Description:	Registered Plan:		Block:		Lot:	
Street Address:						
Hamlet:						

Business Details

Business Legal Name:	
Operating as (if applicable):	

For further information, please contact the Greenview's Planning & Development Department:

Phone: 780.524.7639

Email: Planning@mdgreenview.ab.ca

FOR ADMINISTRATIVE USE:	Development permit		Issued		Development permit not required
	Variance		Permitted		Discretionary use
	Explain:				
	Roll no.:		Business license no.:		
	Fees:		Date paid:		
	Receipt no:		Land use district:		

Business Owner(s):	Name:		Phone:	
	Name:		Phone:	
Office Location:	Address:			
Describe the operation:				
	Home Based Business			
	Commercial			
	Industrial			
	Hawker/Peddler			
	Temporary			
	Other			
Will the business have a sign?		Yes		No
<i>Please Note: A Development Permit is required for the installation of signs. All signs must conform to regulations.</i>				

Small Business Tax Discount Information				
Please indicate your <u>anticipated</u> small business classification for employees and Annual Gross Income for your business below.				
<i>This section is voluntary but is used to qualify businesses for potential small business tax discounts, and not providing this information will disqualify them from participation in those potential tax savings determined annually. This information will not be publicly available or reported to any other agency and is for Greenview's exclusive use during its tax program.</i>				
Checkmark Number of Employees		Checkmark Annual Gross Income		
	1 – 5		UP TO \$149,999	
	6 – 25		\$150,000 - \$299,999	
	26 – 50		\$300,000 - \$499,999	
	50 +		OVER \$500,000	

Online Business Directory Information (optional)				
<input type="checkbox"/> We hereby grant permission for Greenview to include this business in Greenview's online directory. <i>(Please check box)</i>				
_____		_____		
Date		Signature of Applicant / Business Owner		
Would you like to include your logo?		<input type="checkbox"/>	Yes	<input type="checkbox"/>
Please email your logo along with your application submission.				
Brief Description of your business to include in the Directory:				
Website:		Email:		
Phone:				
Hours of Operation:		Days:	Time:	AM to
		Days:	Time:	AM to
Closed (days):				
Other notes:				

Please note: Greenview is not responsible for any errors or omissions with posted information.
All information posted in the Greenview Business Directory is provided by applicants.
Applicants must ensure Greenview is provided with accurate and up-to-date information at all times.

Declaration

I/We hereby declare that the information submitted is, to the best of my/our knowledge, factual and correct.

NOTE: If the applicant is not the registered landowner, then a signature is required by the landowner(s).	_____	_____
	Date	Signature of Applicant
	_____	_____
	Date	Signature of Registered Landowner or Lessor

The personal information on this form is collected under the authority of s33(c) and s39(1)(a)(b) of the Freedom of Information and Protection of Privacy (FOIP) Act. We collect only what is necessary to respond to your request and to share the information with internal departments that relate to your application. If you have any questions about the collection, use or disclosure of your personal information, please contact Greenview's FOIP Coordinator at 780-524-7600 or foip@mdgreenview.ab.ca.