



**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 1.888.524.7601**  
[www.mdgreenview.ab.ca](http://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 *(if applicable)*
- Non-refundable application fee as per Greenview's Schedule of Fees Bylaw.

Applicant Information	
Name of Applicant: _____	
Mailing Address: _____	City: _____ PC: _____
Primary Phone: _____	Other Phone: _____
Email: _____	<i>(By providing your email address, you authorize Greenview Planning and Development to contact you via email.)</i>
<i>(Complete if different from applicant)</i>	
Registered Landowner or Lessor: _____	
Mailing Address: _____	City: _____ PC: _____
Primary Phone: _____	Other Phone: _____
Email: _____	<i>(By providing your email address, you authorize Greenview Planning and Development to contact you via email.)</i>

Land Information	
Legal description of proposed development site: _____	Registered Plan _____ Block _____ Lot _____
Street/Rural Address: _____	
Hamlet (if applicable): _____	

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](mailto:Planning@mdgreenview.ab.ca)

<b>FOR ADMINISTRATIVE USE</b>	<input type="checkbox"/> DEVELOPMENT PERMIT _____ ISSUED	<input type="checkbox"/> DEVELOPMENT PERMIT NOT REQUIRED
	<input type="checkbox"/> VARIANCE Explain: _____	<input type="checkbox"/> PERMITTED USE <input type="checkbox"/> DISCRETIONARY USE
ROLL NO.:	<b>BUSINESS LICENSE NO.:</b>	
FEES:	DATE PAID:	LAND USE DISTRICT: _____
RECEIPT NO.:		

Business Owner(s):  Office Location: Describe the operation: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Hawker/ Peddler <input type="checkbox"/> Temporary <input type="checkbox"/> Other	_____ Name	_____ Name
	Phone: _____	Phone: _____
_____ _____ _____ _____ _____ _____ _____		
Will the business have a sign? <input type="checkbox"/> Yes <input type="checkbox"/> No Sign details: _____ _____		
<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 the applicable Annual Gross Income Class for your business below:			
Check which box applies	Number of Employees	Check which box applies	Annual Gross Income
<input type="checkbox"/>	1-10	<input type="checkbox"/>	UP TO \$149,999
<input type="checkbox"/>	11-25	<input type="checkbox"/>	\$150,000 - \$299,999
<input type="checkbox"/>	26-50	<input type="checkbox"/>	\$300,000 - \$499,999
<input type="checkbox"/>	50 +	<input type="checkbox"/>	OVER \$500,000

Online Business Directory Information (optional)	
<input type="checkbox"/> We hereby grant Greenview permission to include this business in Greenview's online directory.	
_____ Date	_____ Signature of Applicant / Business Owner
Would you like to include your Logo? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please email your logo along with your application submission</i>	
Brief description of your business to include in the Directory:	_____ _____ _____ _____
Website: _____ Email: _____	
Phone: _____ Hours of Operation: _____ am to _____ pm Closed (days): _____	
<i>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.</i>	

**Declaration**

**I/We hereby declare that the information submitted is, to the best of my/our knowledge, factual and correct. I/We understand that by signing this declaration, I/We also give consent for an authorized person of MUNICIPAL DISTRICT OF GREENVIEW NO. 16 to enter upon the land that is subject to a Development Application for the purposes of conducting a site inspection in order to evaluate the proposed development.**

**NOTE:**

If the applicant is not the registered landowner, then a signature is required by the landowner(s).

**All** landowners **MUST** sign the application.

\_\_\_\_\_

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](mailto:foip@mdgreenview.ab.ca).