



## BUSINESS LICENSE APPLICATION

Town of Stony Plain  
 4905-51 Avenue  
 Stony Plain, Alberta  
 T7Z 1Y1  
 Tel: (780) 963-2151  
 Fax: (780) 963-0935

Please visit [www.bizpal.alberta.ca](http://www.bizpal.alberta.ca) to determine if you require additional licenses & permits.

- |  |                                       |   |   |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> New           | <input type="checkbox"/> Resident     | <input type="checkbox"/> Retail/Service   | <input type="checkbox"/> Change of Address  |
| <input type="checkbox"/> Renewal       | <input type="checkbox"/> Non-Resident | <input type="checkbox"/> Contractor       | <input type="checkbox"/> Bus. Name Change   |
| <input type="checkbox"/> Tri-Municipal |                                       | <input type="checkbox"/> Home Occupation  | <input type="checkbox"/> Transfer (\$10.00) |
|  |                                       | <input type="checkbox"/> Special Services |   |
|  |                                       | <input type="checkbox"/> Hawkers/Peddlers |   |

<b>Section 1</b>	<i>Information in this section will be made available to the public to assist in marketing your business through printed directories and web directories (Town of Stony Plain website).</i>		
Legal Business Name:			Bus. Lic.#
Operating Name:			Acct. #
Business Address:			
Mailing Address:			
City:	Province:	Postal Code:	
Business Phone:	Business Fax:		
Website:	Email:		
Contact Name:	Title:		
Type of Business:	Date Started:		
Description of Product or Service:			
Duration of License ( <b>Peddlers/Hawkers only</b> ): _____ (days)      Daily License      Annual License			
<b>Section 2</b>	<i>Information in this section will not be made available to the public.</i>		
Owner(s) Name:			Position:
Owner(s) Address:			Res. Phone:
City:	Province:	Postal Code:	
<b>Section 3</b>	<i>Information in this section will not be made available to the public.</i>		
Provincial Business License # (AMVIC) (if applicable):			
Pre-paid Contractors Business License # (if applicable):			
Please supply my name to the Welcome Wagon			Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like your business name, address, phone number, fax number, email, website and contact name posted on the Town's online business directory?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Would like to receive the monthly business newsletter from the Town via the email address provided above?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For office use only</i>			
Application Date:	_____	Business License #	_____
Fees:	_____	Development Permit #	_____
Receipt #	_____	SIC	_____
Zoning	_____	Rate Code	_____

*This personal information is being collected for the Town of Stony Plain under the authority of Section 33c of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used to collect information regarding Business License Application. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-963-2151.*