Filming Business Licence Application

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❑ NEW APPLICATION	❑	❑ NAME CHANGE ONLY
❑ MAILING ADDRESS CHANGE ONLY	❑	❑ NEW LOCATION

Account # _____

BUSINESS INFORMATION:

Business Operating Name: _____
(Trade Name)

Mailing Address: _____
Unit Address City Prov. Postal Code

Phone: _____ Fax: _____ Cell: _____

Website: _____ Email: _____

CONTACT PERSON *(For RCMP/Fire Emergencies ONLY - Must be able to respond within 30 minutes)*

Name: _____ Position: _____ Phone: _____

Home Address: _____
Unit Address City Prov Postal Code

Phone: _____ Email: _____

BUSINESS DETAILS:
(Licence Description)

Proposed Commencement Date: _____

Describe Business Activities: _____

_____

APPLICANT STATEMENT:

I/We the undersigned hereby make application for a Business Licence in accordance with the information as stated and declare that the statements are true and correct. I/we further undertake, if granted the licence applied for, to comply with each and every obligation contain in the bylaws now in force or which may hereafter come into force in the City. I/We further understand that all business licences expire December 31 of each year and must be renewed each year. Every Business Licence is subject to review at any time and may be suspended or revoked for cause.

Signature: _____ Date: _____

Your personal information is collected under the authority of Section 26(b) and 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). This information will be used for business licensing purposes and will not be disclosed to the public except as may be required by law.

* **A $25.00 administration fee is required at time of application.** **(this fee will become part of the licence fee)**

OFFICE USE ONLY :

LICENCE DESCRIPTION: _____ LICENCE FEE: _____

APPROVED BY LICENCE INSPECTOR: _____ DATE: _____

ISSUED INVOICE DATE: _____ ISSUED BY: _____