



**TOWN OF BARRHEAD
BUSINESS LICENSE APPLICATION**

Box 4189, 5014-50 Avenue, Barrhead, AB T7N 1A2

Phone: (780) 674-3301 Fax: (780) 674-5648 e-mail: town@barrhead.ca

Application Date: _____

New

Renewal

Application Type: Annual
Temporary

Hawkers/Peddlers/Door to Door Sales
General Contractor

See Business License Application Fee Schedule for Relevant License Fees

SECTION 1: APPLICANT/OWNER INFORMATION

Name: _____ Phone: _____

Address: _____ Postal Code: _____

Email: _____

SECTION 2: BUSINESS INFORMATION

To Be Published On Town Website:

Business Name: _____

Address: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Type of Business: _____

AMVIC Registration Number (if applicable): _____

Provincial Business License Number (if applicable): _____

Food Handling Permit issued by Alberta Health Services (if applicable)? Yes No

Number of Employees: _____

Emergency Contact (in case of fire etc.)

Name: _____ Phone: _____

SECTION 3: HAZARDOUS MATERIALS

Are any dangerous goods or chemicals stored at the business location? Yes No

If yes, please provide product description: _____

Quantity of hazardous product: _____ Product I.D. No. (PIN) _____

What type of storage containers are the products in? (i.e. bulk, drum, cylinders, etc.):

Where are the hazardous products stored on the property? _____

SECTION 4: SIGNATURE

The information given on this application is full and complete and is to the best of my knowledge a true statement of facts in relation to this application for Business License.

Date

Signature of Applicant

*Please submit completed application to the Town of Barrhead, Box 4189,
5014-50 Avenue, Barrhead, AB T7N 1A2, email to town@barrhead.ca or fax to 780-674-5648.*

For Office Use Only

License No: _____ Amount Paid: _____ Receipt No.: _____

Date

Signature of Development Officer