



STEP 1

A non-refundable licence fee is required before an application can be processed.

- Apply by phone: Have your VISA, MasterCard or American Express ready and call 403-268-5521.
- Apply in person: Customer Service Counter, 3rd floor, 800 Macleod Trail S.E.
VISA, MasterCard, American Express, cheque or cash payments accepted.
- Apply by fax: 403-537-3034 (You will be contacted for payment)

Applicant's name

Contact number(s)

()
()

Business trade name

New licence application

Related Development permit or Building permit # _____
(where applicable)

Move-in date: _____ / _____ / _____
 YYYY MM DD

Open date: _____ / _____ / _____
 YYYY MM DD

**Update information
on my licence**

Business Identification Number (BID #) _____

Change mailing address: _____

Change phone number: _____

Change my business trade name: _____

My business is moving

Business Identification Number (BID #) _____

Related Development permit or Building permit # _____
(where applicable)

Old business location address: _____

Closed date: _____ / _____ / _____
 YYYY MM DD

Move out date: _____ / _____ / _____
(commercial premises) YYYY MM DD

New business location address: _____

Move-in date: _____ / _____ / _____
 YYYY MM DD

Open date: _____ / _____ / _____
 YYYY MM DD

Close my licence

Business Identification Number (BID #) _____

Closed date: _____ / _____ / _____
 YYYY MM DD

Move out date: _____ / _____ / _____
(commercial premises) YYYY MM DD

Business location address (unit/suite number, street address, quadrant, city, postal code)

Commercial location Leasing commercial space _____
(Lease area in square feet or square metres)

Sub-tenant of commercial space; sharing with _____

Home-based business (Home Occupation clearance required) Home Occupation clearance application attached

Non-resident of Calgary, ie, business is run from outside the city of Calgary but, you will come into Calgary to do business.



STEP 2

Business ownership

Corporation or corporate partnership _____
Complete legal name(s)

Corporate Access Number _____ Registered in Alberta OR _____
Province

Charitable Organization Charitable Registration Number _____

Sole Proprietor or Partnership

Last name	First name	Complete middle name
_____	_____	_____

Last name	First name	Complete middle name
_____	_____	_____

Last name	First name	Complete middle name
_____	_____	_____

Mailing address

Same as location address **OR**

Business licence _____

Licence invoice _____

Business tax _____

Email address _____

Property manager _____ **Contact number** (____) _____

Describe Business Activities



STEP 3

List the partners or directors as registered with provincial or federal corporate registries:

Last name	First name	Complete middle name	Position		Date of birth YYYY MM DD
Home address		City	Province	Postal code	Home number ()

Last name	First name	Complete middle name	Position		Date of birth YYYY MM DD
Home address		City	Province	Postal code	Home number ()

Last name	First name	Complete middle name	Position		Date of birth YYYY MM DD
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Last name	First name	Complete middle name	Position		Date of birth YYYY MM DD
Home address		City	Province	Postal code	Home number ()

This information is being collected for the purpose of determining the applicant's eligibility to be granted a City of Calgary business licence, pursuant to the provisions of *The Municipal Government Act*, Section 8 (b) (v), and *The Freedom of Information and Protection of Privacy Act*, Section 33 (c). This information may be shared with applicable City of Calgary departments, agencies, Calgary Police Service, and/or Alberta Health Services, for the purpose of conducting required inspections and approvals, as part of the Business Licence Application Process. Information such as your business operating name, location and ownership, will be available on The City of Calgary website; this would not include personal applicant information. Should you have any questions or concerns regarding collection of this personal information, please contact the Development & Building Approvals FOIP Program Administrator at 3-1-1.