



Medical Treatment Information

PL 1272 (2017-11)

Address of Business: _____

Contact Person:

_____	_____
Name	Title/Position
_____	_____
Phone	Email

Are any of the following services provided to the general public?

- Preventative, diagnostic, therapeutic or rehabilitative services? Yes No
- Overnight accommodations available to patients? Yes No
- Treatment, advice or guidance is provided for emotional, psychological or life management issues? Yes No
- Is there a meeting room/auditorium available for the above listed programs? Yes No
- Health and/or education programs and services? Yes No
- Bodily samples are taken from the public for the purposes of testing? Yes No
- Servicing and/or fitting of prosthetics, dental aids or medical devices? Yes No
- Imaging technology, for the purpose of medical assessment? Yes No
- Is there a kitchen or eating area provided for the use by the public? Yes No

Please provide any additional information:

Applicant's Signature
(confirming that all required information has been provided and is correct)

Date (YYYY-MM-DD)

FOIP DISCLAIMER: The personal information on this form is being collected under the authority of The Municipal Government Act, Section 640, and The City of Calgary Land Use Bylaw 1P2007 (Part 2) and amendments thereto. It will be used for the permit review and inspection processes. It may also be used to conduct ongoing evaluations of services received from Planning & Development. The name of the applicant and the nature of the permit will be available to the public. Please send inquiries by mail to the FOIP Program Administrator, Planning & Development, PO Box 2100, Station M, Calgary, AB T2P 2M5 or contact us by phone at 311.