



6 North 1 Street West  
P.O. Box 520  
Magrath, Alberta  
T0K 1J0

Ph: 403-758-3212 Fax: 403-758-6333

## RESIDENT BUSINESS LICENSE APPLICATION FORM

### Principal Owner / Licensee Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Legal Address: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Legal Land Owner: \_\_\_\_\_ Approval Attached:

### Business Registration Type:

If Sole Proprietor:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Operating /Trade Name: \_\_\_\_\_

If Partnership (Please list all partner's names)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Operating /Trade Name: \_\_\_\_\_

If corporation or Limited Liability Company:

Legal Entity: \_\_\_\_\_

Business Operating /Trade Name: \_\_\_\_\_

### Operations:

Describe your business activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Fee per year: \_\_\_\_\_

#### Privacy Notice

The personal information collected on this form is collected by the Town of Magrath under section 4(c) of the Protection of Privacy Act. The information is collected for the purpose of administering and providing municipal programs, services, and activities and relates directly to and is necessary for an operating program or activity of the Town.

If you have questions about the collection of this information, please contact our Privacy Officer: Phone: 403-758-3212