

Town of Edson Business Licence Application Form

605 - 50th Street
P.O. Box 6300
Edson, AB T7E 1T7
www.edson.ca



Clear Form

Print Form

Choose one:

- Resident
 Non-Resident

Choose one from the following:

- New Business
 Temporary Business
 Licence Transfer
 Renewal Business
 Seasonal Business
 Licence Replacement
 Fee Exempt
 Licence Amendment

Business Information

Legal / Corporate Name

(As Registered with CRA)

Operating / Trade Name

(If different from legal name)

Business Activity Description

NAICS Code (5-digit Code)

Note: The Town of Edson classifies businesses by the North American Industry Classification System (NAICS). Leave this section blank if you are unsure of your code.

Phone

Business Email

Trade Certification No. (if applicable)

Physical Business Address

Street Address

City

Province

Country

Postal Code

Multiple Locations in Edson

Yes No

Business Mailing Address

Same as physical address

Street Address

City

Province

Country

Postal Code / Zip Code

Business Contact Information

Owner Name

Phone

Email

Main Contact Name

(If different from owner)

Position

Phone

Email

Ownership Structure (check one only)

- Corporation
 Co-operative
 Partnership
 Limited liability Company (LLC/Ltd)
 Sole Proprietor (single owner not incorporated)

Type of Business (check one only)

- Locally Owned and Operated
 Franchise
 Branch (Head Office not in Edson)
 Other (please specify)

Lease/Rent or Own your Business Premises

- Own Lease/Rent (Landowner consent form required)

Would you like to be recognized as any of the following:

Information in this section will be used to notify your business for available programs/grants and support

- Female Entrepreneur | Francophone | Visible Minority
 Indigenous | Person with a disability

Business Directory

Check here if you grant the Town of Edson permission to display your business information for the purpose of advertising on the Town of Edson Business Directory.

Edson and District Chamber of Commerce Membership Request

Check here if you would like information regarding membership to the Edson and District Chamber of Commerce

Business Grand Opening

Commercial Storefronts **ONLY**: For your Grand Opening, would you like a ribbon cutting ceremony, social media tags, and a welcome shout out on our social media channels? YES NO. If yes, please visit our "Council Appearance Requests" page on edson.ca to schedule.

I hereby certify that the above information is true and properly sets out the business at which is carried out by the applicant, owner, or operator or by any person(s) as the case may be and acknowledge I have read and understood the contents of this form.

Signature

Date

Freedom of Information and Protection of Privacy

Any personal information collected is authorized under Section 33(c) of the *Freedom of Information and Protection of Privacy Act, RSA 2000, c. F-25 ("FOIP Act")*, as amended from time to time, for the purpose of administering the affairs of the Town of Edson for Business Licensing. All information collected by the Town of Edson is protected by the provisions of the FOIP Act. If you have any questions about the collection, use and disclosure of personal information, please contact the Town of Edson FOIP Coordinator at foip@edson.ca or (780) 723-8604.

OFFICE USE ONLY

New Resident Business	<input type="checkbox"/> January 1 to March 30 (\$100.00)	<input type="checkbox"/> April 1 to June 30 (\$75.00)	<input type="checkbox"/> July 1 to September 30 (\$50.00)	<input type="checkbox"/> October 1 to December 31 (\$25.00)
New Non-Resident Business	<input type="checkbox"/> January 1 to March 30 (\$200.00)	<input type="checkbox"/> April 1 to June 30 (\$150.00)	<input type="checkbox"/> July 1 to September 30 (\$100.00)	<input type="checkbox"/> October 1 to December 31 (\$50.00)
<input type="checkbox"/> Resident Renewal (\$100) <input type="checkbox"/> Non-Resident Renewal (\$200) <input type="checkbox"/> Fee Exempt Business (\$0) <input type="checkbox"/> Temporary Business (\$25) <input type="checkbox"/> Seasonal Business (\$50) <input type="checkbox"/> Business Licence Amendment (\$0) <input type="checkbox"/> Business Licence Transfer (50% of the pro-rated fee) <input type="checkbox"/> Business Licence Replacement (\$10)				

Receipt #:

Date Application Received

Referrals:

- Fire Department
 Health Authority
 RCMP
 Other (please specify)

Date

Signature