

Commercial Business License Application

For Office Use Only:					
Application Date:	BL	CUST ID:	Total Fees Due:		
Application Type (Check and complete all New Business License New Business License after Ju Annual Renewal Inter-Municipal Business Lice	\$100 aly 1 st \$50 \$100	*Must also have an annual business license in one of the participating municipalities: The City of Prince Albert The Town of Shellbrook The Town of Rosthern The Town of Duck Lake Business License Number:			
Change of Information No Fee – Entire Application Must Be Completed					
☐ Address ☐ Mailing ☐ Business Name	Address Mailing Location Previous Address: Business Name Previous Business Name:				
☐ Ownership					
□ Ownership Previous Owner: □ Use Previous Use:					
Forward the <u>completed</u> application form, and any other required documents, and payment to: OR email application to <u>solutions@citypa.com</u> Please make the cheque payable to: The City of Prince Albert			The City of Prince Albert Planning & Development Services 1084 Central Avenue Prince Albert, SK S6V 7P3		
Business Information (Please print clearly)					
Business Name:	•				
Address:			e Albert SK		
Unit # Building #	Street Name		City Province Postal Code		
	Phone:				
Email:					
	ite: No. of Employees (including self): Full Time: Part Time:				
*PST #:		ISC Entity #:			
*AT LEAST ONE OF THE NUMBERS IS REQUIRED					
Business Description (Please print clearly) Please describe the primary function of the business:					
- Lease describe the primary runetion of the business.					
Proposed Opening Date:					
Business Owner Information (Please prin	nt clearly) All mail w	ill be sent to the addres	s listed in this section		
☐ Same as Above					
Owner Name:					
Company Name:					
Mailing Address:					
Unit #	Building #		Street Name		
City		Province/State	Postal/Zip Code		
Phone:	F	³ ax:			
Email:					
Business Type (Please check one)					
Co-operative	Corporation (clos	•	Corporation (public)		
Partnership	Sole Proprietorsh	ip	☐ No Answer		

Business Use (Please check one)					
Retail	Personal Services	Hotel/ Resta	urant		
☐ Wholesale/Distribution	Agriculture	Construction	/ Contractor		
Public Utilities	Transportation	Manufacturi	ng/ Processing		
Education	Finance/ Insurance/ Real Estate				
Other - Please specify:					
Please Note: This is an application only. If your application is approved, you will receive confirmation from Planning & Development Services. Your application is not approved until you receive your license from the City of Prince Albert. You may be required to apply for additional permits or site inspections with the Planning and Building Divisions					
of Planning & Development Services	before your application	may be approved.			
❖ The <i>Business License Bylaw</i> No. 32 of 2020 requires all businesses to obtain a Business License before beginning operation.					
❖ Every license will be valid until the end of each calendar year (December 31).					
❖ Changes to the information on the application (location, ownership, business name, use) requires a new application to be submitted to Planning & Development Services in order for the license to be updated and considered valid.					
The City of Prince Albert license must be displayed prominently at the place of business.					
For more information on licensing requirements, please call 306.953.4884 or visit our website at www.citypa.ca .					
For more information on City bylaws and policies, please visit our website at www.citypa.ca .					
Acknowledgement of Responsibility:					
 I am aware that a business license is non-transferable for ownership, use or location change without reapplication for the change of information. I am aware that Planning & Development Services must be notified if the business is discontinued in order to avoid renewal fees for the following year. I agree to operate my business as required under the <i>Business License Bylaw</i>. 					
Applicant Signature:		_ Date:			
Building Permit Required? Yes No If yes	pment Permit Required? Yes		_		
BL \$ (10-25 Requested By (Print Name): Approved By (Print Name):		Signature:	(10-00-000-000-00000-3006)		
Payment Type: Cash Cheque Receipt					
For Financial Services Only:					
Invoice #: Approv	Date: ral:				