



Date Received: _____
License#: _____

TOWN OF VULCAN BUSINESS LICENSE APPLICATION FORM

Box 360, Vulcan, AB T0L 2B0 Phone (403)485-2417 Fax (403)485-2914

Section A.- Contact Information.

Registered Name of Business _____

Mailing Address of Business _____

Contact (Name of Applicant) _____
(Please print)

Office Phone: _____ Cell Phone: _____ Fax Number: _____

Email: _____ Company Website: _____

Zoning compliance approval may be required from the Town of Vulcan Planning & Development Department before issuance of a business license

Is the business office located in your home
If your business is located in Vulcan, what is the street address?
If your business is located in your home, do you want your address shown?
If you are not the owner of the property a letter of permission by the owner needs to accompany this application.

Section C - Type of Business

Please describe in detail what products and/or services your business provides:

** Any changes to the products, services, or location of your business from the date of this application must be reported to the Town of Vulcan**

Section D - Applicant Statement

- I/we confirm that the above information is correct and agree to comply with ALL relevant provisions of the Business License By-Law No. 1468-2017 and other applicable Town Bylaws.
- I/we authorize the Town of Vulcan to investigate the validity of my/our stated information as they deem necessary in their sole judgement.
- Please check one of the following: I/we consent // we do not consent to the above information being released to the public (published in a Business Resources Directory and on the Town of Vulcan website).
- I/we acknowledge that the business has complied with all applicable Federal, Provincial, Municipal and Health Authority licensing, authorization, or registration requirements.

Signature of Applicant:..... Date:.....

Section E:- For Office Use Only

Date Issued: _____ Day License\$ _____ Year License _____ Term License\$ _____
Development Officer Approval: _____ Development Permit# (if applicable) _____

This information is being collected under the Municipal Government Act and will only be used for the purpose of this application. It is protected by the provisions of the Freedom of Information & Protection of Privacy Act. If you have any questions about the collection, please contact the FOIP Co-ordinator at (403)485-2417.