



# Business License Application Home Based Business

**Development Permit Required**

This is an application for a Business License for operation within Foothills County. Licenses are issued on a yearly basis, renewable each January. Municipal permits and/or Provincial and Federal Licensing may or may not be required for the proposed business. It is the responsibility of the applicant to determine additional requirements by contacting the Foothills County Planning and Development Department for local provisions and by accessing Provincial and Federal requirements at: [www.servicealberta.gov.ab.ca](http://www.servicealberta.gov.ab.ca) and/or [www.ic.gc.ca](http://www.ic.gc.ca).

## Business Information:

By checking this box, I acknowledge that I have reviewed the "**Home Based Businesses in Foothills County**" information sheet and confirm that the business operations meet the provisions of a:

Home Based Business Type I (Requiring a Development Permit)

Home Based Business Type II (Requiring a Development Permit)

Home Based Business Type III (Requiring a Development Permit)

Description of Business Activities (e.g., Plumbing, Electrical, Catering, Food Truck etc.) \_\_\_\_\_

## Legal Land Description:

Lot \_\_\_\_\_, Block \_\_\_\_\_, Plan \_\_\_\_\_, Unit \_\_\_\_\_,

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ West of the \_\_\_\_\_ Meridian

## Business Contact Information:

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Main Telephone: \_\_\_\_\_

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

Website: \_\_\_\_\_

# **Business Owner Consents, Acknowledgement and Declaration**

## **Foothills County Online Business Directory Consent (check one):**

- YES, publish my business information in the **FREE** online Foothills County Business Directory
- NO, do not publish my personal business information

## **Receive business license documentation (e.g., invoices, approved licenses, etc.) by email (check one):**

- YES, I consent to receive documentation by email

Please use this email address: \_\_\_\_\_

- NO, I do not consent to receive documentation by email

## **Acknowledgement of collected personal information:**

The personal information collected on this form is authorized under the Municipal Government Act and the Protection of Privacy Act (POPA), Section 4(c). and may be used for the purposes related to the administration of Planning and Development, Building and Safety Codes, Business Licensing and Virtual County Hall services. This information may also be shared with appropriate government agencies and may also be kept on file by those agencies. The application and related file contents will become available to the public and are subject to POPA. Inquiries about the collection of this information should be directed to the Foothills County Access to Information Coordinator, P.O. Box 5605, High River, Alberta T1V 1M7. Telephone 403-652-2341.

- This acknowledgement indicates understanding and agreement with respect to the aforementioned use of personal information

## **Business Declaration:**

- I hereby apply for a Business License under the provisions of Foothills County Bylaw No.1018 as amended to provide for the regulating and licensing of all businesses carried on within the boundaries of the County. Payment of a business license does not constitute approval of the business license. The issuance of a business license by Foothills County does not relieve the license holder of the responsibility of complying with all other relevant municipal bylaws and requirements, nor excuse violation of any regulation or act, which may affect this license.
- By checking this box, I acknowledge that it is my responsibility to contact the Foothills County Building and Safety Codes Department, Foothills Municipal Fire Inspector and any other applicable Provincial or Federal Regulatory body (e.g., Alberta Health Services) to determine if there are any additional requirements.

Business Owner  Authorized Applicant

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Foothills County Contacts:**

### **Foothills County Building & Safety Codes Department:**

Jackie Lind: 403-603-6216 // [Jackie.Lind@FoothillsCountyAB.ca](mailto:Jackie.Lind@FoothillsCountyAB.ca)

### **Foothills County Fire Department Inspector:**

Will Scheerhoorn: 403-603-3576 // [Will.Scheerhoorn@FoothillsCountyAB.ca](mailto:Will.Scheerhoorn@FoothillsCountyAB.ca)

### **Foothills County Business License Officer:**

[Business\\_License@FoothillsCountyAB.ca](mailto:Business_License@FoothillsCountyAB.ca) // 403-652-2341 or 403-931-1905

# Credit Card Authorization Form



Foothills County  
309 Macleod Trail, Box 5605, High River, AB T1V 1M7.

[www.Foothillscountyab.ca](http://www.Foothillscountyab.ca)  
Tel: 403-652-2341  
Fax: 403-652-7880



Visa



Mastercard



American Express

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Assessment       | <input type="checkbox"/> Gas      | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Business License | <input type="checkbox"/> Mapping  | <input type="checkbox"/> PSDS     |
| <input type="checkbox"/> Electrical       | <input type="checkbox"/> Planning | <input type="checkbox"/> Other    |

|                                |
|--------------------------------|
| Card Holder Name:              |
| Business Name:                 |
| Invoice #:                     |
| Amount:                        |
| Visa / MC / AMEX #:            |
| Security Code# (Back of Card): |
| Expiry Date:                   |
| Phone #:                       |
| Authorized Signature:          |

The personal information collected on this Credit Card Authorization form is collected for the purpose of processing payments. This information is authorized under the Municipal Government Act and the Protection of Privacy Act (POPA), Section 4(c). Inquiries about the collection of this information should be directed to the Foothills County Access to Information Coordinator, P.O. Box 5605, High River, Alberta T1V 1M7. Telephone 403-652-2341

| For Foothills County Office Use Only |  |
|--------------------------------------|--|
| Authorized by:                       |  |
| Date:                                |  |
| Receipt #:                           |  |