202_

Business License Application

Village of Clive

P:403-784-3366

www.clive.ca

To Be Completed by the Applicant:

Contact Name:	Work Phone:	Cell:	Fax:
Mailing Address: (include postal code)	Email Address:		
	Website Address:		
Legal Business Name:			
Business Known As:			
Business Street Address:			
Business Type:			
Would you like to give permission to advertise your business on the Village of Clive Website, Business Directory and other affiliated social media	☐ Yes	☑ No	
In what type of property is your business based? ☑ A. Commercial ☐ B. Residential If B, list your Development Permit#:	Number of Employees:		

Applicant Declaration:

I certify that the information I have provided is true and accurate, and I agree to abide by all and any Bylaws, Rules and Regulations that now hereafter may be in force with respect to the same trade, business or calling hereby licensed.

Signature of Applicant _____ Date _____

The personal information requested on this form is being collected for the purpose of processing your application and is governed, authorized and protected by the Freedom of Protection Act (FOIP). By providing this information you consent to its use for the above purpose. If you have any questions with respect to the collection or release of this information, please contact the Village of Clive at (403)784-3366

License Number:	Date:	Name of Issuer:

License Type:

Local Business	☐	$25.00	Temporary Business/Hawkers &Peddlers	☐	$25.00
Non-local Business	☐	$50.00	Home Occupations	☐	$15.00

Please Select or Specify Payment Method: _____