



**TOWN OF BARRHEAD
BUSINESS LICENSE APPLICATION**

Box 4189, 5014-50 Avenue, Barrhead, AB T7N 1A2

Phone: (780) 674-3301 Fax: (780) 674-5648 e-mail: town@barrhead.ca

Application: New Renewal Date: _____
Annual Fee: **\$125.00-Resident.....\$250.00-Non-Resident**

Applicant Information:

Name: _____ Phone: _____
Address: _____ Postal Code: _____

Business Information:

Business Name: _____
Address: _____ Postal Code: _____
Phone: _____ Fax: _____
E-mail: _____ Website: _____
Type of Business: _____
AMVIC Registration Number (if applicable): _____
Provincial Business License Number (if applicable): _____
Number of Employees: _____
Emergency Contact (in case of fire etc.)
Name: _____ Phone: _____

Fire Department Information:

Are any dangerous goods or chemicals stored at the business location? Yes No
If yes, please provide product description: _____
Quantity of hazardous product: _____ Product I.D. No. (PIN) _____
What type of storage containers are the products in? (i.e. bulk, drum, cylinders, etc.):

Where are the hazardous products stored on the property? _____

Signatures:

Date Signature of Applicant

For Office Use Only

Resident Non-Resident Hawker/Peddler Temporary Contractor

License No.: _____ Amount Paid: _____ Receipt No.: _____

Date Signature of Inspector