



Planning & Development Department

4829 50 Street, Lower Level

Postal Drawer 640

VEGREVILLE, ALBERTA T9C 1R7

APPLICATION FOR BUSINESS LICENCE

T: 780-632-6479 | F: 780-632-6856

info@vegreville.com | www.vegreville.com

☐ New Licence ☐ Name Change ☐ Change of Occupancy ☐ Change of Address ☐ Change of Ownership ☐ Reprint

I, _____ herewith make application for a licence under the provisions of the Licensing
(Name of Applicant)

Bylaw No. 05-2019 of the Town of Vegreville to establish and operate a business within the Town of Vegreville. The said Business will be operated under the:

Company/Personal name of: _____

Civic Address of Business: _____

Description of Business: _____

Name of Owner/Manager: _____

Business Mailing Address: _____

Business Phone: _____ Resident Phone: _____ Cell Phone: _____

Email: _____ Website: _____

☐ DO NOT post my Business information on the Town's Website – Business Directory

☐ DO NOT identify my business on Google Maps through the Town's Website

☐ Yes, I would like to receive a monthly e-newsletter

*monthly e-newsletter will include information to better the business community in Vegreville

☐ My business has less than 50 employees

As required by Provincial or Municipal Legislation, I have obtained and possess the following:

A. Provincial Licence Requirements: Alberta Licence No.: _____ Expiry Date: _____

B. Approved under Health Regulations _____

(Health Inspector or other Authority)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Date: _____ Applicant's Signature: _____

FOR OFFICE USE ONLY

Fire Discipline Inspection: _____
(Safety Codes Officer)

Approved under the Land Use Bylaw: _____
(Development Authority)

Business Licence Fee: _____

Issued By: _____

Fire Inspection Fee: _____

Business Type: _____

Business Licence No.: _____

Cash Receipt No.: _____

Development Permit No.: _____

Approved By: _____

Other Comments: _____