# BUSINESS LICENSE APPLICATION

Box 87, Alix, AB T0C 0B0
P: (403) 747-2495 F: (403) 747-3663
info@villageofalix.ca

| Contact Name: | Work Phone:<br><br>Cell#: | Fax #: |
|---|---|---|
| Mailing Address: (including postal code) | E-Mail Address:<br><br>Website Address: | |
| Business Name: | Business Street Address: | |
| Type of Business: (operating as) | | |
| Do you wish to advertise your business on the Village of Alix website's *Business Directory?*<br><br>Yes ☐<br>No ☐ | Please indicate if your business is located in a commercial or residential property.<br><br>Commercial Property ☐ Local resident ($50) ☐<br>Private Residential ☐ Out-of-town resident ($100) ☐ | |

APPLICANT DECLARATION:

I hereby apply for an annual Business License, as per the Village of Alix Bylaw 379/09. 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 of the Village of Alix. Where a person or business is found to be in contravention of any of the provisions of this or any other Municipal Bylaw, the Office may revoke or suspend the license.

_____ _____

**Signature of Applicant** **Date**

**FOR OFFICE USE ONLY:**

License #: _____

Local Resident: ☐ Out-of-town resident: ☐ Application Approved: _____

*This information is collected under the authority of the Municipal Government Act and the Freedom of Information and Protection of Privacy Act, Section 33c. If you have any questions with respect to the collection or release of this information, please contact the Village of Alix FOIP Officer at (403) 747-2495.