

# Business License Application



**Planning and Development**  
110 Bear Street, PO Box 1260, Banff, AB T1L 1A1  
T 403-762-1215 F 403-762-1260

www.banff.ca  
enviroservices@banff.ca

Trade Name (operating as): \_\_\_\_\_

Legal/Corporate Name (registered name): \_\_\_\_\_

Owner's/ Sr. Corp. Officer's Name: \_\_\_\_\_

Banff Street Address: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Jobsite Location (for contractors): \_\_\_\_\_

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

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

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

Fax No.: \_\_\_\_\_

Banff Business Phone No.: \_\_\_\_\_ Banff Contact Person: \_\_\_\_\_

Alternate Bus. Phone No.: \_\_\_\_\_ Alternate Contact Person: \_\_\_\_\_

Alternate Bus. Phone No.: \_\_\_\_\_ Alternate Contact Person: \_\_\_\_\_

Business License Contact Person and Phone Number:  
\_\_\_\_\_

**Business Start/Opening Date (in Banff):** \_\_\_\_\_

**Detail** description of your business, including **ALL** amenities and services provided:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your business registered for GST?  Yes  No  
If yes, is the business gross revenue under \$30,000?  Yes  No

Identify type, size and number of any vehicles or equipment involved in the proposed business and where vehicles will be parked: \_\_\_\_\_  
\_\_\_\_\_

THIS SECTION IS FOR BANFF BUSINESSES ONLY:

**Number of Units/Items** (if applicable)

Lodging B&B: Rooms \_\_\_\_\_ Pillows \_\_\_\_\_ (e.g. 2 pillows per king/queen/double, 1 pillow per twin/single)

Eating & Drinking Establishments: Eating/Drinking Seats \_\_\_\_\_ Licensed Capacity \_\_\_\_\_

Retail: Retail Space (square feet) \_\_\_\_\_ (do not include storage space)

Is your business premise in a Banff residential area?  Yes  No

If Yes, provide home occupation or B&B Development Permit No.: \_\_\_\_\_

If No, provide name of Lessor/Registered Property Owner and phone number:

**(Bring a copy of the lease for review by the business license clerk or a signed statement from the head lessor agreeing to permit your business to operate from the aforementioned premises.)**

Name and type of business previously occupying space (if applicable):

Number of full-time employees, including owner: \_\_\_\_\_ Part-time \_\_\_\_\_

Will deliveries be made to this place of business?  Yes  No

Days of the week business is open: \_\_\_\_\_ Hours: \_\_\_\_\_

I hereby make application for a business license and declare that the above statements are true and correct. I undertake that if I am granted the license applied for, I will comply with all obligations contained in the Bylaws and amendments thereto in force or which may hereafter come into force in the Town of Banff. I also authorize the above information to be shared with Banff Lake Louise Tourism for marketing and membership purposes if applicable.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Date

This information is being collected under the authority of the Town of Banff Business License Bylaw 22-9 for the purpose of licensing a business. If you have any questions about the collection of this information, please contact our Freedom of Information and Privacy Coordinator at 403-762-1209.

This information will be shared with Banff/Lake Louise Tourism for marketing and memberships purposes. Please refer to the privacy statement at [www.banfflakelouise.com](http://www.banfflakelouise.com) or for more details contact the Privacy Officer at 403-762-0272. Memberships information can be obtained at 403-762-0270.

**Business License Inquiries 403-762-1215**