County of VERMILION River

BUSINESS REGISTRATION

All Development Permit application for a Home Occupation permit must include this form fully completed and signed along with a Development Permit Application Form, including all required information items that may be requested for it to be deemed a complete application.

The County of Vermillion River (the "County") uses the information in this form as an internal resource and for marketing purposes. It is the responsibility of the business to provide updated information to the County. Portions of the following business information may be made available publicly through the County's Business Directory, available on the website at: Doing Business: County of Vermillion River (vermillion-river.com">Doing Business: County of Vermillion River (vermillion-river.com">Doing Business: County of Vermillion River (vermillion-river.com"). The County cannot guarantee how this information may be used thereafter.

If you **DO NOT WISH** to have your business information posted publicly, please read the following statement and check the box.

 \square I **DO NOT** wish to have my business information posted on the County's online Business Directory

LI DONOI wish to have my business information posted on the County's online Business Directory						
APPLICANT: REGISTERED OWNE NUMBERED COMP YEARS ESTABLISHE	ANY (if applicable	*	I ED: ☐ Yes	□No	HOME BASED: 🗌 Ye	es 🗌 No
LEGAL: CIVIC/RURAL ADD	LOT: PART OF: PRESS:	BLOCK:	PLAN: SEC: SUBDI	TWP: VISION NA	RANGE: ME:	W4M
indicated by applicar Online: Yes Business Hours:				r in the Coun	ty's Business Directory, u Friday:	nless otherwise
,	Sunday:		, ☐ Winter	,	,	
Market (Select All That Apply): □ Vermilion / Lloydminster □ Saskatchewan □ East Central Alberta □ Northern Alberta □ Southern Alberta □ Western Canada □ Eastern Canada □ USA □ Mexico □ Central & South America □ Europe □ Asia □ Africa □ Australia □ Worldwide □ Other:						
Social Media (Sele	ct All That Apply):	# #				



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CONFIDENTIAL INFORMATION					
(The following information will be used only by the Co	ounty of Vermilion River and <u>WILL NOT</u> be made available to the				
public. Although responses are voluntary, they help in measuring statistics, internal program development and promoting growth opportunities)					
Estimated Annual Sales: (Indicate Currency)	Over the Past 3 years, Your Annual Sales Have:				
Evnancian Plane	☐ Increased ☐ Stable ☐ Decreased Relocation:				
Expansion Plans: Less than 5 years More than 5 years	Less than 5 years More than 5 years				
Not considering	Not considering				
Interested in Economic Development	Would you like to be in the CVR Email List? (for				
Opportunities:	events, business information, newsletters, etc.)				
☐ Yes ☐ No ☐ My Industry Sector	☐ Yes ☐ No				
Other Industry Sector (Please Specify):					
EMERGENCY / DISASTER INFORMATION:					
	authorized access to your business location. This information is				
shared with our responders and will only be used in the Contact #1: Phone					
	Password: Tyes TNo				
Contact #2: Phone					
	Password: Tyes TNo				
Dangerous Goods or Chemicals Stored at Your Business Location: Yes (If Yes, please list) No					
Propane: Yes No Storage Details:					
Gasoline: Yes No Storage Details:					
Other (Please Specify):	Storage Details:				
	municipal, provincial or federal authority; any required licensing required for				
•	nat can guide you to those requirements) in addition to any permits relating nating, and all other permits required In connection with any new				
development.					
agree to the information and criteria outlined on this form.	this is to certify that the below named persons have read, understand, and				
ELECTRONIC SIGNATURE ACKNOWLEDGEMENT					
	are the legal equivalent of my manual/handwritten				
signature					
Applicant Signature:	gistered Owner Signature:				
Applicant Name:	egistered Owner:				
	ate:				



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OFFICE USE ONLY					
Date Received:	Date Deemed Complete:				
Roll Number:	Zoning:				
Application Fee:	Rural Addressing Fee:				
Certificate of Completion Fee:	Certificate of Title Fee:				
Method of Payment: Debit Cheque Cash Credit					
Receipt Number:	Date Paid:				
File Number:					