



RETURN THIS FORM TO:

Service Alberta	OR
North Field Services	Service Alberta
3B Commerce Place	South Field Services
10155 102 Street	301 7015 Macleod Trail
Edmonton AB T5J 4L4	Calgary AB T2H 2K6

Application for a Business Licence (Travel Clubs)

1. Name of Sole Proprietor, Partnership or Corporation	If Sole Proprietor Show →	Date of Birth (year/month/day)
If Partnership, list up to three names and attach list showing names of all additional partners including birth dates.		
Name: _____		Date of Birth (year/month/day)
Name: _____		Date of Birth (year/month/day)
Name: _____		Date of Birth (year/month/day)

2. If Corporation, show Alberta Corporate Access Number

3. Trade Name of Business

4. Alberta Business Address / Location (street address or legal description - do not use a box number)	Business Telephone Number (include area code)
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5. Mailing Address (if different from the business address - include a box number, if applicable)

6. Name of Applicant (last, first, initial)	Official Title (for business, if applicable)	Date of Birth (year/month/day)	Telephone Number (include area code)
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7. Business Address and Telephone Number of each Branch (attach an extra page if necessary)	Telephone Number (include area code)
	Telephone Number (include area code)

8. In the past 10 years, has the applicant, any of the partners, directors or officers of the Partnership or Corporation in Alberta or elsewhere:

	Yes	No
a) been convicted of an offence (excluding traffic violations) under any criminal law or other law in force for which a pardon has not been granted?	<input type="checkbox"/>	<input type="checkbox"/>
b) been the subject of any regulatory, administrative, civil, criminal, or other proceeding in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
c) been the subject of bankruptcy or receivership proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
d) been the subject of a court judgement or writ, or failed to satisfy a judgement or writ?	<input type="checkbox"/>	<input type="checkbox"/>
e) had a business licence or registration refused, suspended or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
f) had a surety bond refused or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
g) held a business licence or operated a business?	<input type="checkbox"/>	<input type="checkbox"/>
h) been engaged in any business as an owner, partner or director which has been subject to an action under the Unfair Trade Practices Act or the Fair Trading Act?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is Yes to any of these questions, please provide complete details (attach a separate sheet if necessary):

9. If the Sole Proprietor or any members of the partnership are not Canadian citizens, attach copies of work permits and statements regarding length of residency. Check to show copies are attached.

10. Description of goods or services to be sold, and selling method.

AUTHORIZATION FOR CRIMINAL RECORD CHECK

To be completed by all partners, directors or officers other than the applicant:

I authorize the Director or his designate to obtain a criminal record check during the time of application, or period of licence granted pursuant to this application and any renewals:

Name (please PRINT)	Date of Birth (year/month/day)	Signature

NOTE: A Credit Bureau check may be done in conjunction with this application.

WARNING: A false declaration constitutes a criminal offence and is punishable by law. Any application containing false material may result in the refusal, suspension or cancellation of the licence.

I make application for a Business Licence and authorize the Alberta Government to undertake a criminal record check in connection with this application and any renewals.

Signature of Applicant

STATUTORY DECLARATION

I solemnly declare that the information provided by me on this application is true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED before me at the City of

_____, Alberta,

dated _____, _____.



Signature of Applicant
(must be signed by a person authorized to sign on behalf of the business)

Date

A Commissioner for Oaths in and for the Province of Alberta

Name of Commissioner (please PRINT)

Expiry Date

FOR OFFICE USE ONLY

_____ Processed By
_____ Date Processed

This information is being collected for the purposes of licensing requirements in accordance with the Fair Trading Act. Questions about the collection of this information can be directed to the Alberta Government, Director of the Fair Trading Act, 3rd Floor, Commerce Place, 10155 - 102 Street, Edmonton, Alberta T5J 4L4, 427-5210 (Outside of Edmonton, call 310-0000 to be connected toll free).