



City of
Prince Albert

Commercial Business License Application

For Office Use Only:

Application Date: _____ BL _____ CUST ID: _____ Total Fees Due: _____

Application Type (Check and complete all that apply)

- ☐ New Business License **\$100** ☐ New Business License after July 1st **\$50**
☐ Annual Renewal **\$100**
☐ Change of Information **No Fee – Entire Application Must Be Completed**

☐ Address ☐ Mailing ☐ Location

Previous Address: _____

☐ Business Name

Previous Business Name: _____

☐ Ownership

Previous Owner: _____

☐ Use

Previous Use: _____ New Use: _____

Forward the completed application form, and any other required documents, and payment to:

OR email application to solutions@citypa.com

Please make the cheque payable to: The City of Prince Albert

The City of Prince Albert
Community Development
1084 Central Avenue
Prince Albert, SK S6V 7P3

Business Information (Please print clearly)

Business Name: _____

Address: _____ Prince Albert SK
Unit # Building # Street Name City Province Postal Code

Contact: _____ Phone: _____

Email: _____ Fax: _____

Website: _____ No. of Employees (including self): Full Time: _____ Part Time: _____

*PST #: _____ *ISC Entity #: _____

***AT LEAST ONE OF THE NUMBERS IS REQUIRED**

Business Description (Please print clearly)

Please describe the primary function of the business:

Proposed Opening Date: _____

Business Owner Information (Please print clearly) All mail will be sent to the address listed in this section

☐ Same as Above

Owner Name: _____

Company Name: _____

Mailing Address: _____

Unit # Building # Street Name

City Province/State Postal/Zip Code

Phone: _____ Fax: _____

Email: _____

Business Type (Please check one)

- ☐ Co-operative ☐ Corporation (closely held) ☐ Corporation (public)
☐ Partnership ☐ Sole Proprietorship ☐ No Answer

Business Use (Please check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Personal Services | <input type="checkbox"/> Hotel/ Restaurant |
| <input type="checkbox"/> Wholesale/Distribution | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Construction/ Contractor |
| <input type="checkbox"/> Public Utilities | <input type="checkbox"/> Transportation | <input type="checkbox"/> Manufacturing/ Processing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Finance/ Insurance/ Real Estate | |
| <input type="checkbox"/> Other - Please specify: _____ | | |

Please Note: This is an application only.

If your application is approved, you will receive confirmation from Community Development. Your application is not approved until you receive your license from the City of Prince Albert.

You may be required to apply for additional permits or site inspections with the Planning and Building Divisions of Community Development before your application can be approved.

- ❖ The *Business License Bylaw* No. 32 of 2020 requires all businesses to obtain a Business License before beginning operation.
- ❖ Every license will be valid until the end of each calendar year (December 31).
- ❖ Changes to the information on the application (location, ownership, business name, use) requires a new application to be submitted to Community Development in order for the license to be updated and considered valid.
- ❖ The City of Prince Albert license must be displayed prominently at the place of business.

For more information on licensing requirements, please call 306.953.4884 or visit our website at www.citypa.ca.

For more information on City bylaws and policies, please visit our website at www.citypa.ca.

Acknowledgement of Responsibility:

- I am aware that a business license is non-transferable for ownership, use or location change without reapplication for the change of information.
- I am aware that Community Development must be notified if the business is discontinued in order to avoid renewal fees for the following year.
- I agree to operate my business as required under the *Business License Bylaw*.

Applicant Signature: _____ Date: _____

For Planning & Development Services Only:

Last Update: January 2025

Zoning District: _____ Development Permit Required? Yes No If yes, issued on: _____
Building Permit Required? Yes No If yes, final inspection completed on: _____
If no, is an inspection required? Yes No If yes, completed on: _____

BL _____ \$ _____ (10-25-110-000-00000-5210)

Requested By (Print Name): _____ Signature: _____

Approved By (Print Name): _____ Signature: _____

Payment Type: Cash ☐ Cheque ☐ Receipt #: _____ To be Invoiced ☐ E-transfer ☐

For Financial Services Only:

Invoice #: _____ Date: _____

Initials: _____ Approval: _____