



Transient Trader Business License Application (Non-Resident)

For Office Use Only:

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

Application Type (Please check)

License Year _____

☐ New Business License

☐ Business License Renewal

Category (Please check the appropriate category)

Blanket Transient Traders: \$1,500 ☐

- (a) Can hold unlimited events which include shopping malls and the Prince Albert Exhibition Grounds.

Circus and/or Carnival or Rodeo Promoters: \$500 ☐

Contractors and Direct Sales Contractors:

- (a) Contract over \$1,000,000 \$1,200 ☐
 (b) Contracts \$100,000 to \$1,000,000 \$600 ☐
 (c) Contracts under \$100,000 \$300 ☐

Direct Sellers:

See Direct Sellers Business License Application

Farmer's Market: \$200 ☐

Trade Shows:

- (a) Trade Event (14 days/ show) \$250 ☐

Other Transient Traders:

- (a) Christmas Trees (per location) \$100 ☐
 (b) Fish, fruit, produce, baking and handicrafts \$100 ☐
 (c) Handicraft event (7 days) \$200 ☐
 Locally produced only.
 (d) Handicraft event (7 days) \$500 ☐
 (e) All other \$500 ☐
 (f) All other Monthly License
 \$100 x Months of Operation = \$ _____ ☐

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)

☐ I do not want this address on the Business License Directory

Business Name: _____

Address: _____

Unit #

Building #

Street Name

City

Province/State

Postal/Zip Code

Owner Name: _____ Contact (if different than Owner): _____

Phone: _____ Fax: _____

Email: _____ Website: _____

*PST #: _____ *ISC Entity #: _____

*AT LEAST ONE OF THE NUMBERS IS REQUIRED

Trade Shows, Events, and Monthly Licenses (Please print clearly)

Dates of Operation: _____

Location of Operation: _____

Business Use (Please check one)☐ Retail☐ Wholesale/Distribution☐ Public Utilities☐ Education☐ Other - Please specify: _____☐ Personal Services☐ Agriculture☐ Transportation☐ Finance/ Insurance/ Real Estate☐ Hotel/ Restaurant☐ Construction/ Contractor☐ Manufacturing/ Processing**Business Description** (Please print clearly)

Please describe the primary function of the business:

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.
- ❖ With a few exceptions, licenses will be valid until the end of each calendar year (December 31).
- ❖ Changes to the information on the application (location, ownership, business name) 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 able to be produced upon request.

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 I am required to comply with all municipal and provincial rules, regulations, bylaws, etc. while operating in The City of Prince Albert.
- I am aware that I will not receive a renewal invoice for following year(s) and that I must renew through reapplication to Community Development each year of operation in The City of Prince Albert.
- 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**

TT _____ \$ _____ (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: _____