



COUNTY OF Northern Lights

#600, 7th Ave NW, PO Box 10, Manning AB T0H 2M0
Phone 780-836-3348 Fax 780-836-3663
Toll Free 1-888-525-3481

Business Registration Form

Name of Applicant: _____ Date: _____

Job Title: _____

Business Information

Name of Business: _____

Description of Business: _____

Owner's Name: _____

Mailing Address: _____ Town: _____ Postal Code: _____

Phone #: _____ Cell#: _____ Fax#: _____

Email Address: _____

Website: _____

• Include me in the County of Northern Lights Business Directory: _____ Yes _____ No

• Please provide me with more information on ThinkLocalMarket.com: _____ Yes _____ No

Date of Business Startup? _____

Number of Staff? _____

Which business sector would you say your business falls under?			
Administration / Clerical		Management / Consulting	
Agriculture		Medical / Science / Social Services	
Arts / Entertainment / Recreation		Oil / Gas / Mining	
Creative / Marketing		Retail Trade	
Engineering		Real Estate / Rental / Leasing / Accommodations / Development	
Educational Services		Skilled Trades / Construction	
Finance / Accounting / Insurance		Transportation / Warehousing	
Forestry		Tourism	
Hospitality / Food Services		Wholesale Trade	
Industrial / Manufacturing		Utilities / Waste Management	
Information Technology		Legal Services	
Other:			

Is your company experiencing difficulties in recruiting employees? ___ Yes ___ No

a. If yes, please identify what type of positions you have a challenge in filling?

Type of positions	Please check any areas that are applicable	Type of position	Please check any areas that are applicable
Finance / Accounting		Industrial / Manufacturing	
Administration / Clerical		Information Technology	
Creative / Marketing		Medical / Science	
Engineering		Transportation / Warehousing	
Hospitality		Skilled Trades	

Annual Sales above or below \$100,000; _____ Above _____ Below

Additional Information

2. Is your business located in your home? _____ Yes _____ No
3. Is your business located in the County of Northern Lights? _____ Yes _____ No
4. In which community is your business located? _____
5. Do you solicit, negotiate, or conclude sales contracts in person away from your place of business? ___ Yes ___ No
6. Business Structure: _____ Corporation _____ Sole Proprietor _____ Partnership _____ Franchise
Other: _____
7. Do your contracts include some form of prepayment such as a deposit, progress payment, or other such payment before the contract is fully completed? _____ Yes _____ No
8. Is your company experiencing difficulty in obtaining financing? ___ Yes ___ No
Please specify what type of financing you are looking for: Operational _____ Capital _____
9. Please identify your biggest challenge: _____
10. Biggest Need: (e.g. training, staff etc.) _____

Comments:

Note: The issuing of a license to a person by the City does not relieve that person of the responsibility to obtain any provincial license that may be required by law. _____(initial)

This personal information is being collected under the authority of the County of Northern Lights and will be used for the licensing of businesses in the County of Northern Lights. It is protected by the privacy provisions of the Freedom of Information Act. If you have any questions about the collection of this information please contact the County of Northern Lights.

For Office Use Only

Economic Development Department:
 Received by: _____ Date License Issued: _____ NAICS Code: _____
 Date Input in Database: _____

Registration will include updates on County of Northern Lights business initiatives, inclusion in the county business directory and support from the Economic Development Officer on all areas of your business.