



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 and/or Social Media Link: \_\_\_\_\_

- Include me in the County of Northern Lights Business Directory:  Yes  No
- I would like to receive emails from Economic Development regarding events, training, programs, and business news:  Yes  No

Date of Business Startup? \_\_\_\_\_

Number of Staff? (including you)? Small (1-99) \_\_\_\_\_ Medium (100-499) \_\_\_\_\_ Large (500+) \_\_\_\_\_

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: _____			

1. **Is your company experiencing difficulties in recruiting employees?** \_\_\_Yes\_\_\_No

**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	

2. **Annual Sales above or below \$100,000;** \_\_\_Above \_\_\_Below

*Note that this information will remain confidential and will only be accessed by Economic Development staff and will not be shared with any other department, staff member or council.*

3. **Is your business located in your home?** \_\_\_Yes \_\_\_No

4. **Is your business located in the County of Northern Lights?** \_\_\_Yes \_\_\_No

5. **In which community is your business located?**

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6. **Do you solicit, negotiate, or conclude sales contracts in person away from your place of business?**

\_\_\_Yes \_\_\_No

7. **Business Structure:**

Corporation, Corporate Partnership, or Limited Liability Company: *Separate legal entity, association or relationship between two or more corporations, incorporated and registered with the appropriate provincial, or federal governments. (eg. Registered Business Name ending in Ltd. Corp. or Inc., registered non-profits or societies, numbered corporations, etc.*

Sole Proprietor: *Unincorporated business that is owned and operated by one individual. May operate under their own name. (eg. John Doe)*

Partnership: *Unincorporated association or relationship between two or more individuals. Based on an agreement, either verbal or written. (eg. Jane Doe, and John Doe)*

Franchise

Other: \_\_\_\_\_

8. **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

9. **Is your company having trouble in obtaining financing?** \_\_\_Yes\_\_\_No

Please specify what type of financing you are looking for: Operational\_\_\_\_ Capital \_\_\_\_\_

10. What is your current biggest challenge your business is facing that the County of Northern Lights can assist you with?:

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11. Biggest Need: (e.g. training, staff etc)

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Comments for the County's Economic Development Department:

**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.

**Send Completed Forms to:**

County of Northern Lights  
Attn: Economic Development  
Box 10  
Manning, AB  
T0H 2M0

Or email: [economicdevelopment@countyofnorthernlights.com](mailto:economicdevelopment@countyofnorthernlights.com)

**For Office Use Only**

**Economic Development Department:**

Received by: \_\_\_\_\_ Date License Issued: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Date Input in Database: \_\_\_\_\_