



M.D. Business Registry Program Policy: ATTACHMENT A

2A.029

Municipal District of Bonnyville Business Registry Registration Form

Adopted by Council – February 3, 2021 Resolution No. 21.105

The Municipal District of Bonnyville (M.D.) offers a voluntary business registry program free of charge to businesses located within the municipality in accordance with *Policy No. 2A.029 M.D. Business Registry Program Policy*. The program is an essential tool to Connect, Promote, and Provide Business Opportunities to local businesses.

Please complete this form to register your business and be advised that, with your approval, portions of this information may be published on the municipal website at www.md.bonnyville.ab.ca.

Check one of the following boxes to confirm whether or not you approve having your business information published on the M.D. website.

- I **approve** of the M.D. including my business information in their publicly available Business Registry Directory.
- I **do not approve** of the M.D. including my business information in their publicly available Business Registry Directory.

APPLICANT INFORMATION

Business Name: _____

Numbered Company (if applicable): _____

Business Owner: _____

Business Phone: _____ Business Email: _____

Contact Person (if different from Owner): _____

Contact Phone: _____ Contact Email: _____

Physical Address: Quarter: _____ Section: _____ Township: _____ Range: _____ W4M

Lot: _____ Block: _____ Plan: _____

Mailing Address: _____

Town: _____ Prov: _____ Postal Code: _____

BUSINESS OVERVIEW

Business Sector(s) your business is in (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Forestry | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Fishing and Hunting | <input type="checkbox"/> Retail and/or Wholesale Trade | <input type="checkbox"/> Food Services |
| <input type="checkbox"/> Mining, Quarrying, Oil and Gas Extraction | <input type="checkbox"/> Accommodation Services | <input type="checkbox"/> Construction and/or Manufacturing |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Health Care and Social Assistance | <input type="checkbox"/> Finance and Insurance |



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- | | | |
|---|--|--|
| <input type="checkbox"/> Information and Media Services | <input type="checkbox"/> Transportation and/or Warehousing | <input type="checkbox"/> Real Estate and/or Rentals and Leasing |
| <input type="checkbox"/> Public Administration and/or Non-Government Organization (NGO) | <input type="checkbox"/> Professional, Scientific and Technical Support Services | <input type="checkbox"/> Arts, Entertainment, Culture, and/or Recreation |
| <input type="checkbox"/> Management of Companies and Enterprises | <input type="checkbox"/> Waste Management and/or Remediation Services | |

Other (specify): _____

Year Established in the M.D.: _____ Is your business located in your home? Y / N

Detailed Description of Business (services or programs provided, products sold or manufactured, items repaired, include brand names where possible, are you an independent business or part of a larger corporation or chain, etc.):

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Are you the registered landowner of the business location? Y / N

PROFILE INFORMATION (FOR ONLINE WEBSITE DIRECTORY)

Company Website: _____ Do you have an online store? Y / N

Social Media Feeds you use and your links:

Facebook: _____ Instagram: @_____

Twitter: @_____ #_____

LinkedIn: _____ YouTube Channel: _____

Other (specify): _____

Is your business seasonal? Y / N

If yes, what are the general dates of operation? _____

Would you like someone from Economic Development to follow up with you? Yes, please No, thank you

Would you like to be included in the M.D. email list (for events, business information, newsletters, etc.)? Yes, please No, thank you



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SIGNATURES

I, _____, (*print name*) hereby certify that I am authorized to register this business with the M.D. and have read, understand, and agree to the information and criteria outlined in this form.

Signature of Applicant: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO THE M.D. OFFICE:

BAG 1010
4905 50 AVENUE
BONNYVILLE, AB T9N 2J7
FAX: 780-826-4524
EMAIL: MLAVER@MD.BONNYVILLE.AB.CA

It is the sole responsibility of the business to provide up-to-date information to the M.D., whenever changes have been made.

The collection of personal information on this document is governed by the Freedom of Information and Protection of Privacy (FOIP) Act as well as other provincial enactments. The M.D. has legal authority to collect information to assist in the operations of municipal programs and services. Should you have any questions or concerns regarding the content of this document, please feel free to contact our *FOIP Coordinator at the M.D. of Bonnyville, 4905 – 50 Avenue Bonnyville, AB T9N 2J7 P: 780-826-3171 F: 780-826-4524.*