

1. Type of Application: Individual
 Partnership
 Corporation (attach copy of incorporation certificate)
 Other _____

Name of Outlet to be licensed: _____

Incorporation number/corporate access number: _____

Trade Name (if applicable): _____

Mailing Address: _____ Street Address: _____

Town/City: _____ Postal Code: _____

Telephone: _____ Fax: _____

2. Name, full address and telephone number of:

	Owner / Representative:	Manager:
Name:	_____	_____
Telephone:	_____	_____
Mobile Phone:	_____	_____
E-mail:	_____	_____

3. Permanent Place of Business: same as above

Municipal address of the permanent place of business:

Address of any premises where authorized medicine is stored:

My retail business sells the following products or services:

Proposed business hours are: _____

5. Attach a copy of the current business license or in the case of municipal authorities that do not issue a business license, attach a letter or a copy of a development permit from the municipal authority that indicates you have authority to operate a retail business.

6. The following individual(s) hold or will be applying for a Qualification Certificate in accordance with Section 11 of the Authorized Medicine Sales Regulation:

Name:	Qualification Certificate #	Expiry Year
_____	_____	_____
_____	_____	_____

7. I am an authorized representative of the applicant

OR

- I am the applicant.

I certify that the information given on this form is, to the best of my knowledge, true and complete.

Dated at: _____, Alberta, this _____ day of _____, 20____

 Applicant's first and last name (print)

 Position / Title

 Applicant's signature and/or corporate seal

A cheque payable to the **Government of Alberta**, in the amount of **\$100.00** for the license fee, (or pay by credit card by visiting <https://agriculture.alberta.ca/payment>), and a copy of the required current business license or equivalent is to be attached to this application and mailed to:

**Licensing
 Inspection and Investigation Branch
 Alberta Agriculture and Rural Development
 1st floor, Agronomy Centre
 6903 -116 Street
 Edmonton AB T6H 5Z2**

The personal information on this form is being collected for the purpose of the administration of the Authorized Medicine Sales Regulation that is authorized under the *Animal Health Act*. It is protected by the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information please contact 780 427 5083.