

**M.D. Business Registry
Program Policy**

2A.029

Section: 2.0 General Governance and Administrative Services
- A. Governance

Authority: Chief Administrative Officer

Statement

The Municipal District of Bonnyville (M.D.) aspires to continually improve the relationship with the local business community by strengthening communication, enhancing economic development, providing economic opportunity, and creating more impactful ways for commercial involvement.

Purpose

To establish the guidelines for the administration and management of the voluntary M.D. Business Registry program.

Definitions

For the purposes of this policy:

- (1) “Business Registry” means the M.D. program where businesses operating within the municipality can choose to register with the M.D. and appear on a publicly published database;
- (2) “Engagement” means the process of involving businesses and stakeholders in initiatives that could affect them.

Policy

- (1) Any business with a physical location within the M.D.’s municipal jurisdiction can participate in the M.D. Business Registry program. This includes but is not limited to:
 - (a) Primary operation sites;
 - (b) Secondary locations;
 - (c) Independent contractors;
 - (d) Home-based businesses;
 - (e) Farms conducting value-added sales or related services; and
 - (f) Non-profit associations.
- (2) As this is a voluntary program, there is no fee for an organization to register, however they must be operational at the time of registering.

Procedure

- (1) The M.D. Business Registry program will be coordinated by the Legislative and Information Services department.
- (2) All received M.D. Business Registry Registration Forms (*Attachment A*) will be directed to the Economic Development Officer (EDO) or his/her designate.

- (3) The EDO will enter received registration forms into the M.D. Business Registry Database which is also available to the public on the M.D. website.
 - (a) If an organization chooses to opt out of having their information posted publicly on the M.D. website, their information will only be added to the M.D. Business Registry Database for internal use only.
- (4) The M.D. Business Registry Database will be updated in a timely manner as registration forms are received.
- (5) All Business Registry Registration Forms received will be kept on file by Legislative and Information Services for record retention purposes.

Policy Review

Within five (5) years from date adopted / amended / reviewed.

For administrative use only:

Related Documentation: (plans, bylaws, policies, procedures, etc.)	Attachment A: M.D. Business Registry Registration Form
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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 |



M.D. Business Registry Program Policy: ATTACHMENT A

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- Information and Media Services
- Transportation and/or Warehousing
- Real Estate and/or Rentals and Leasing
- Public Administration and/or Non-Government Organization (NGO)
- Professional, Scientific and Technical Support Services
- Arts, Entertainment, Culture, and/or Recreation
- Management of Companies and Enterprises
- 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.*