

BUSINESS LICENSE APPLICATION



Applicant/Business Owner Information

Applicant First Name		Applicant Last Name	
Primary Phone Number	Cell Phone Number	Fax Number	E-mail Address

Property Owner Information

Property Owner Name		Company Name (if applicable)	
Primary Phone Number	Cell Phone Number	Fax Number	E-mail Address
Apt. No. – Street No. Street Name/ P.O. Box – Rural Route		City	Province/Territory Postal Code

Business Information

Business Name/Title			
Primary Phone Number	Fax Number	E-mail Address	
Civic (Physical) Address		City	Province/Territory Postal Code

Business Information

Type of Business: _____

Description of Business:
(services/merchandise offered,
products manufactured, etc.)

Signature

Date

Assigned License No.:
Date: