



BUSINESS LICENSE APPLICATION

New Business Existing Business Home-based Business? Yes No
Is the Business temporary? Yes No If yes, start date: End date:

SECTION A: BUSINESS CONTACT INFORMATION

Applicant's Name:
Business Name:
Mailing Address: Town: Province: Postal Code:
Business Phone #: Cell: Fax:
Website: Email:
Business Locations (Rural Address):
Legal Subdivision: Lot: Block: Plan:
Part of: NE NW SE SW 1/4 Section: Township: Range: W5M

SECTION B: BUSINESS OPERATION DETAILS

Describe the Business operation / what services and/or products do you offer the customer?
Number of Employees (approximately):
Will the business be advertised / marketed / have a sign? Advertising / Marketing / Signage Details:

Check off the category or categories that best describe your business (maximum of 2):

- Accounting/Office Business Emergency/Security Services Plumbing/Heating/Electrical
Agriculture/Ag Services Entertainment Professional Services
Animal Services/Supplies Equipment Construction Real Estate
Artisan/Giftware Financial/Insurance Services Recycling/Waste Management
Automotive Gas Bar/Convenience Store/Fuel Restaurants/Coffee Shops
Beauty Salons/Spa Groceries/Catering/Liquor Retail Sales
Builders - Home/Commercial/Industrial Hotels/Motels/Bed & Breakfast Safety Training/Supplies
Building Contracting/Services Landscaping/Yard Maintenance/Snow Removal Storage/Rental Services
Building Materials/Supplies Manufacturers/Distributors Training/Employment Services
Cleaning Services Medical/Health Services Travel Services
Clothing Sales/Alterations Oilfield Services/Supplies Transportation
Computer/Communications Other Services Utility Providers
Educational Services Personal Services Welding Supplies/Services

SECTION C: OPPORTUNITY INCLUSION

Would you like to be listed on the Big Lakes County website business directory? Yes No
Would you like to be notified of networking opportunities within the County? Yes No

SECTION D: FINAL AUTHORIZATION

I hereby make application and acknowledge that the above information is, to the best of my knowledge, true and accurate.

Applicants Signature Title (Owner, Operator, etc.) Date

Date Received: File Number: Legal File No.:
DP No.: Roll No.: Linc. No.: