



BUSINESS LICENSE APPLICATION

1 Business Information

Business Name _____
 Applicant's Name _____
 Mailing _____
 Address _____
 Phone _____

2 Optional Webpage Information

Business Name _____
 Civic Address _____
 Email _____
 Website _____

3 Type of License

Please specify services, goods or merchandise offered for sale:

Check one:

- | | |
|--|--|
| <input type="checkbox"/> Commercial-Industrial | <input type="checkbox"/> Farmer's Market |
| <input type="checkbox"/> Home Based Business | <input type="checkbox"/> Taxi Cab |
| <input type="checkbox"/> Automatic/Vending Machines | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Second Hand Store |
| <input type="checkbox"/> Sub-Contractor | <input type="checkbox"/> Unclassified |
| <input type="checkbox"/> Service/Support/Maintenance/Repair | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Seasonal Yard Maintenance | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Transient Trader – location approved by owner: | |
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Direct Seller – License Number (Provincial – copy attached) _____ | |

Street Address _____

I hereby certify the above information is true and correct.

Date

Applicant's Name (Print)

Please make cheques payable to:
 Town of Battleford
 Box 40, Battleford, SK. S0M 0E0
 Ph: (306) 937-6200 Fax: (306) 937-2450

Applicant's Signature

4 For Office Use Only

License Fee \$ _____ **Receipt No.** _____ **License No.** _____
 Expiry Date _____
 Type of License _____
 Civic Location _____ Zoning District _____
 Conditions or Remarks _____

Town Approval Date

Chief Administrative Officer