



TOWN OF BATTLEFORD
BUSINESS LICENSE APPLICATION - (EXHIBIT "A")

BUSINESS: (please print)

Business Name: _____

Applicant's Name: _____

Mailing Address: _____
& Postal Code _____

Telephone No: _____ Cell No: _____ Fax No: _____

* (Optional-Web page Information):

Business Name: _____

Civic Address: _____

Email: _____

Website: _____

TYPE OF LICENSE: (Specify services, goods or merchandise offered for sale)

CIVIC ADDRESS: (complete one - if applicable)

_____ Commercial-Industrial: _____

_____ Home-Based Business: _____

_____ Moving-In or Moving-Out Buildings: _____

_____ Transient Trader: _____

Transient Trader - Location approved by owner _____ (yes) _____ (no)

_____ Direct Sellers License Number (Provincial) (copy attached): _____

License Fee: \$ _____ Receipt No: _____ License No: _____

Expiry Date: _____

I hereby certify the above information is true and correct.

_____ Date

_____ (Print) Applicant's Name

_____ Applicant's Signature

FOR OFFICE USE ONLY:

Type of License: _____

Duration From: _____ To: _____

Civic Location: _____ Zoning District: _____

Council Date: (Approved) _____ (Declined) _____

Conditions or Remarks: _____

PLEASE MAKE CHEQUES PAYABLE TO:
Town of Battleford
Box 40, Battleford, SK, S0M 0E0
Ph: (306) 937-6200 Fax: (306) 937-2450

_____ TOWN ADMINISTRATOR