

Receipt Number

COMMERCIAL BUSINESS LICENSE APPLICATION FORM

(In accordance with Bylaw No. 03-2023)

Date:				
Appli	cation Type (please check all tha	t apply):		
	New Business	<u></u>		
	Renewal			
	Change of Location/Address	(nre	vious location):	
	Change of Ownership		vious owner):	
	• • • • • • • • • • • • • • • • • • • •		vious name):	
	ess Information:			
Opera	iting Business Name:			
Registered Business Name:				
Busin	ess Physical Address:			
Mailir	ng Address:			
Busin	ess Phone:		_ Cell Phone:	
Email			Website:	
Conta	ct Person Name & Phone Number	er:		
Are yo	ou 18 years of age or older?	Yes □	No □	
<u>Busin</u>	ess Description:			
Bylaw Fort (pelle with reg s under all Tow	ard to operating on of Fort Qu'Appel	_
The is	ssuing of a business license doesnicial license(s) that may be requi	s not relieve th	nat person of the	responsibility to obtain any
Na	me:	S	gnature:	
110	(please print)			siness Owner or
	(μ.σασσ μ)		•	chorized Representative)
				,
bo Ph We Fac QF	ould you like the Town of Fort Qu'Apards? Please circle yes or no. If yes, one Number ebsite link_ cebook Page Name code siness Address	ppelle to adverti complete below	:	our website and directory