



THE TOWN OF
Milk River

BUSINESS LICENSE APPLICATION

NAME OF APPLICANT: _____ New
Renewal
Update Information

HOME ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____ PHONE: (____) _____

BUSINESS INFORMATION

NAME OF BUSINESS: _____ STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____ PHONE: (____) _____

E-MAIL ADDRESS: _____ WEB PAGE ADDRESS: _____

TYPE OF BUSINESS/NAME OF PRODUCT: _____

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Automotive & Repair | <input type="checkbox"/> Beauty Services | <input type="checkbox"/> Consulting | <input type="checkbox"/> Computer Services |
| <input type="checkbox"/> Contractors/Carpentry | <input type="checkbox"/> Sales: _____ | <input type="checkbox"/> Services: _____ | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Realtors | <input type="checkbox"/> Recreation | <input type="checkbox"/> Restaurants/Caterers | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Tourism/Accommodation | | <input type="checkbox"/> Other: _____ | |

I/WE HEREBY APPLY FOR A BUSINESS LICENSE IN ACCORDANCE WITH THE MUNICIPAL BYLAW TO CARRY ON BUSINESS WITHIN THE LIMITS OF THE Town of Milk River. I UNDERSTAND AND AUTHORIZE THE MUNICIPALITY TO CONDUCT A POLICE RECORDS CHECK IF SO REQUIRED BY THE MUNICIPALITY.

DATE: _____

APPLICANT(S) SIGNATURE: _____

The personal information requested on this form is being collected for the administration and billing of the Town of Milk River, under the authority of the Municipal Government Act and is protected by the Freedom of Information and Protection of Privacy Act. Any questions related to the collection and use of this information should be referred to the Chief Administrative Officer at (403) 647- 3773.