



APPLICATION FOR BUSINESS LICENSE

Business Name: _____

Owner Name(s): _____

Civic Address: _____

Mailing Address: _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

Business Description: _____

I/We authorize the contact information, email, and website address of the above business to be posted on the Town of Biggar's website. Yes No

The issuing of a license to a person by the Town of Biggar does not relieve that person of the responsibility to obtain any federal/provincial license that may be required by law, and any federal/provincial laws must also be followed. **Applicable certificates and/or licenses must be attached to this application.**

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE:

Type of Business: _____

License Fee: _____

Date: _____