

Office use only: File No. _____ Roll No. _____
 Date Received _____ Legal File No. _____
 DP No. _____ Linc No. _____

Business License Application

NEW BUSINESS EXISTING BUSINESS HOME-BASED BUSINESS? YES NO
 IS THE BUSINESS TEMPORARY? YES NO IF YES, START DATE _____ END DATE _____

BUSINESS CONTACT INFORMATION

APPLICANT:		BUSINESS NAME:	
MAILING ADDRESS:			
TELEPHONE:	BUSINESS PHONE NUMBER:	FAX:	
WEBSITE:	E-MAIL:		
BUSINESS LOCATIONS (Rural Address)			

LEGAL DESCRIPTION:

QTR/LSD	SEC	TWP	RGE	W5M	OR	REGISTERED PLAN	BLOCK	LOT
---------	-----	-----	-----	-----	----	-----------------	-------	-----

BUSINESS OPERATION DETAILS

Describe the Business operation / what services and/or products do you offer the customer?

NUMBER OF EMPLOYEES (approximately): _____

Will the business be advertised/marketed/have a sign? If yes, describe the advertising/marketing/signage details:

Check off the category or categories that best describe your business (maximum of 2):

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting/Office Business | <input type="checkbox"/> Emergency/Security Services | <input type="checkbox"/> Plumbing/Heating/Electrical |
| <input type="checkbox"/> Agriculture/Ag Services | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Animal Services/Supplies | <input type="checkbox"/> Equipment Construction | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Artisan/Giftware | <input type="checkbox"/> Financial/Insurance Services | <input type="checkbox"/> Recycling/Waste Management |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Gas Bar/Convenience Store/Fuel | <input type="checkbox"/> Restaurants/Coffee Shops |
| <input type="checkbox"/> Beauty Salons/Spa | <input type="checkbox"/> Groceries/Catering/Liquor | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Builders- Home/Commercial/Industrial | <input type="checkbox"/> Hotels/Motels/Bed & Breakfast | <input type="checkbox"/> Safety Training/Supplies |
| <input type="checkbox"/> Building Contracting/Services | <input type="checkbox"/> Landscaping/Yard Maintenance/Snow Removal | <input type="checkbox"/> Storage Rental Services |



- | | | |
|--|---|---|
| <input type="checkbox"/> Building Materials/Supplies | <input type="checkbox"/> Manufacturers/Distributors | <input type="checkbox"/> Training/Employment Services |
| <input type="checkbox"/> Cleaning Services | <input type="checkbox"/> Medical/Health Services | <input type="checkbox"/> Travel Services |
| <input type="checkbox"/> Clothing Sales/Alterations | <input type="checkbox"/> Oilfield Services/Supplies | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Computer/Communications | <input type="checkbox"/> Other Services | <input type="checkbox"/> Utility Providers |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Personal Services | <input type="checkbox"/> Welding Supplies/Services |

OPPORTUNITY INCLUSION

Would you like to be listed on the Big Lakes County website business directory? YES NO

Would you like to be notified of networking opportunities within the County? YES NO

FINAL AUTHORIZATION

I hereby make application and acknowledge that the above information is, to the best of my knowledge, true and accurate.

Date

Applicant's Signature

Title (Owner, Operator, etc.)

The personal information on this form is being collected for the purpose of processing the Business License Application under the Authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP. If you have any questions about the collection, contact the Big Lakes County FOIP Assistant at phone 780-523-5955.