



BUSINESS LICENSE APPLICATION

FOR OFFICE USE ONLY

B.L #: _____ Customer ID: _____

Tax Roll: _____ Date Received: _____

BUSINESS INFORMATION

Applicant/ Business Owner Name: _____

Legal Business Name: _____

Operating Business Name: _____

Business Address: _____

Street Address	Unit #	City	Province	Postal Code
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Telephone (business): _____ Cell: _____ Fax: _____

Mailing Address: _____
(if different from above)

Email Address: _____ Website: _____

Description of service/product provided by business: _____

Effective date of operation: _____

Do you reside within the Town of Sylvan Lake? Yes No Is your business located in your home? Yes No

Has this business ever been licensed in the Town of Sylvan Lake previously? Yes No

Is this business registered through the Provincial Registrars Office? Yes No *Please provide a copy*

Include this business in the Town of Sylvan Lake Business Directory? Yes No

*The Business Directory is a free listing of businesses operating or offering services within the Town of Sylvan Lake that may be posted on our website.

Business phone number to be listed in the Business Directory: _____

Would you like to have your logo and a photograph included in the directory? Yes No If "YES" please attach.

For More Information Please Contact:
Town of Sylvan Lake, 4926 – 50 Ave. Sylvan Lake, AB T4S 1A1 (403) 887-2141 (403) 887-3660 fax

