

**Applicant Signature:** 

## **Business License Application Form**

## **GENERAL BUSINESS INFORMATION** (complete all lines LEGIBLY)

CHOOSE ONE: HOME BASED B		, , , , , , , , , , , , , , , , , , , ,	
Applicant Name:		New Business ☐ Renev	wal 🔲
Physical Address of Business:			
Business Mailing Address:	City:	Postal Code:	
Business Phone:	Fax:		
Business Email:			
	IESS (complete all lines LEGIBLY)		
Operating Name of Business:			
Description of Business:			
	City:		
		_	
Number of Employees:	Business S	Start Date:	
OWNER INFORMATION Owner Name:	Complete all lines LEGIBLY)		
OWNER INFORMATION Owner Name: Mailing Address:	(complete all lines LEGIBLY)		
OWNER INFORMATION Owner Name: Mailing Address: Phone:	(complete all lines LEGIBLY)  Cell:		
OWNER INFORMATION  Owner Name:  Mailing Address:  Phone:  Email:  MUST BE COMPLETED BY AP  I/We authorize the contact information, website and in the Guide to Warman.  Please initial the following statement: The complete of the contact information in the Guide to Warman.	(complete all lines LEGIBLY)  Cell:	iness to be posted on the City of War of Warman does not relieve that pe	rman
OWNER INFORMATION  Owner Name:  Mailing Address:  Phone:  Email:  MUST BE COMPLETED BY AP  I/We authorize the contact information, website and in the Guide to Warman.  Please initial the following statement: The Tresponsibility to obtain any federal/proving statement.	Cell:  Cell:  PLICANT:  email, and website address of the above busives No he issuing of a license to a person by the City incial license that may be required by law, an Annual License Fee \$100	iness to be posted on the City of War of Warman does not relieve that pe	rman
OWNER INFORMATION  Owner Name:  Mailing Address:  Phone:  Email:  MUST BE COMPLETED BY AP  I/We authorize the contact information, website and in the Guide to Warman.  Please initial the following statement: Tresponsibility to obtain any federal/provifollowed. (initial)	Cell:  Cell:  PLICANT:  email, and website address of the above busives of the store busives	iness to be posted on the City of War of Warman does not relieve that pe	rman rson of the lso be

RETURN TO: CITY OF WARMAN, PLANNING DEPARTMENT - BOX 340, WARMAN SK S0K 4S0
Phone: (306) 933.2133 Fax: (306) 933.1987 Website: www.warman.ca

Date:

authorized representative. I agree to conduct my Business in accordance and compliance with the information and plans provided by me in this application and will obtain all other work permits required in conjunction with my developments. I hereby declare that the above information is true and correct.