



Town of Foam Lake

DIRECT SELLER

BUSINESS LICENSE APPLICATION

This is NOT the approval for your Business License.

I hereby make application for a permit to develop a business according to the information below and to the plans and documents attached to this application.

GENERAL INFORMATION	Operating Name of Business:		
	Number of Employees:		
	Description of Business:		
	Registered Business Name:		
	Business Phone Number:		Business Website:
OWNER	Owner Name:		
	Mailing Address:		
	Phone Number:	Cell Number:	Fax Number:
	Email Address:		
APPLICANT	Applicant Name or same as Owner <input type="checkbox"/> YES		
	Mailing Address:		
	Phone Number:	Cell Number:	Fax Number:
	Email Address:		
I/We authorize the contact information and website address of the above business to be posted on the Town of Foam Lake website. <input type="checkbox"/> Yes <input type="checkbox"/> No		OFFICE USE	
		Date Received:	
The issuing of a license to a person by the Town of Foam Lake does not relieve that person of the responsibility to obtain any federal/provincial license that may be require by law. Initial:		Fee – Annual Business License:	
		Town Representative Signature:	
		Business License Number:	

I hereby agree to comply with Building Bylaw 2-2011, Business Bylaw 5-2011, and Zoning Bylaw 13-1999 of the Town of Foam Lake and acknowledge that it is my responsibility to ensure compliance with these and any other applicable bylaws, provincial acts and regulations regardless of any plan review or inspections that may or may not be carried out by the Town of Foam Lake or its 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.

Applicant Signature:

Date: