



Town of Wainwright

2012 Wainwright Business License Application Form

THIS FORM MUST BE SUBMITTED WITH YOUR PAYMENT

Please fill in the following information, sign and return with your business license payment in order that we may issue you your business license and effectively update our business database.

Business Operating Name: _____

Legal Name (if Different): _____

Type of Business: In Town Commercial Home Based Out of Town Weekly

Business Activities being applied for: (this is what will also be published as your business description and searchable on our online business directory)

Business Location Address: _____

Business Mailing Address: _____

Town: _____ Postal Code: _____

Phone Number: _____ Additional Phone #: _____

Fax Number: _____ Email Address: _____

Website Address: _____

Contact Name: _____ Phone Number: _____

Number of Employees (full time and full time equivalent): _____

Total number of part time hours per week divided by 40 equals full time equivalent

Provincial Business License Number (if applicable): _____ Year Business created: _____

Your business will automatically be added to the Business Directory at www.wainwright.ca, if you do not wish to be published please specify.

No, I do not want my business published in the Town of Wainwright website Business Directory.

I hereby apply for a Business License to operate the above named business in the Town of Wainwright.

Date: _____ Signature: _____ Amount Paid: _____

OFFICE USE ONLY – Business License Number: _____