



## 2017 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 Name: (known as) \_\_\_\_\_

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](http://www.wainwright.ca) and will receive business related information from the Town of Wainwright, if you do not wish to be included please specify.**

No, I do not want to receive business related information and have 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: \_\_\_\_\_

Development Officer Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY – Business License Number:** \_\_\_\_\_