



Town Of Elk Point
BUSINESS LICENSE APPLICATION
AND
BUSINESS DIRECTORY COLLECTION

For _____ year

COMPANY NAME:

MAILING ADDRESS:

CITY/TOWN: _____

POSTAL CODE: _____

PHONE:

FAX:

EMAIL/WEBSITE:

CONTACT INFORMATION:

FIRST NAME	LAST NAME	TITLE	PRIMARY CONTACT (X)

YEAR ESTABLISHED: _____

DESCRIPTION OF BUSINESS:

MUNICIPAL ADDRESS:

I, _____, do hereby apply for a Town of Elk Point Business License for the purpose of conducting a business within the Town of Elk Point and shall at all times indemnify and save harmless the Town of Elk Point and employees or agents, from any neglect or unlawful act or omission which may be caused by any person in name of this application.

Date: _____ Signature: _____

I authorize the release of the above information for the Business Directory Collection and the listing on the www.elkpoint.ca website.

Date: _____ Signature: _____

Office Use Only: _____ Receipt No: _____

Date: _____ Signature: _____