



Business License Application 2020

Name of Company _____

- Type of Business**
- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Home Décor | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Car Dealership | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Cleaning Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> Dance Studio | <input type="checkbox"/> Drug Store | <input type="checkbox"/> Electrician | <input type="checkbox"/> Esthetics |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Flower Shop | <input type="checkbox"/> Greenhouse |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Hair | <input type="checkbox"/> Hotel | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> Home Renovations | <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Laser Engraving | <input type="checkbox"/> Laundry Services |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Oil Industry | <input type="checkbox"/> Parts & Services | <input type="checkbox"/> Plumbing & Heating |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Theatre | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Other, please specify _____ | | | |

Mailing Address _____

Street Address _____

Town/City _____

Province _____

Postal Code _____

Telephone _____

Fax _____

Cell _____

Email _____

Website _____

Additional Comments / Information
