



**Business License Application      2019**

**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**

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