

Schedule "B"



Town of St. Paul
 Box 1480
 St. Paul, AB T0A 3A0
 Phone: 780-645-4481
 Fax: 780-645-5076
 www.town.stpaul.ab.ca

<input type="checkbox"/> New	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Category
Business Operating Name: _____ Business Address: _____ Business Mailing Address: _____ Effective Date: _____				
Type of Business: _____ Business Phone No.: _____ Business Fax No.: _____ Website: _____ Email Address: _____				
Applicant Information (if different than owner)				
Name: _____ Phone: _____ Cell Phone: _____ Fax: _____ Address: _____ Email address: _____ Signature: _____				
Owner Information				
Name: _____ Phone: _____ Cell Phone: _____ Fax: _____ Address: _____ Email address: _____ Signature: _____				
I hereby make application for a license in accordance with all the information as above stated and declare that this is true and correct statement and I further agree to comply with all relevant bylaws of the Town of St. Paul.				
Date of Application: _____				
Would you like the St. Paul & District Chamber of Commerce to send you information on becoming a member? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you give the Town of St. Paul authority to share your contact information with the St. Paul & District Chamber of Commerce? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: This form is to be submitted yearly by December 31st for the following calendar year.</i>				

Mayor Initials:

CAO Initials: