



TOWN OF ST. PAUL
BUSINESS LICENSE APPLICATION FORM

5101 50 St., Box 1480
St. Paul, Alberta
T0A 3A0

www.town.stpaul.ab.ca Phone: (780) 645-4481 Fax: (780) 645-5076

Form with checkboxes for New, Change of Address, Change of Owner, Change of Name, Change of Category. Fields include Business Operating Name, Business Address, Effective Date, City, Province, Postal Code, Business Mailing Address, Type of Business, Bus. Phone No., Bus. Fax No., Website, E-mail Address.

Owner Information

Form for Owner Information with fields for Name, Title/Position, Address, City, Province, Postal Code, Phone No., Fax No., E-mail Address.

Applicant Information (If different then above)

Form for Applicant Information with fields for Name, Title/Position, Address, City, Province, Postal Code, Phone No., Fax No., E-mail Address.

I hereby make application for a license in accordance with all the information as above stated and declare that this is a true and correct statement and I further agree to comply with all the relevant By-Laws of the Town of St. Paul.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you like the St. Paul & District Chamber of Commerce to send you information on becoming a member? [ ] Yes [ ] No

Do you give the Town of St. Paul authority to share your contact information with the St. Paul & District Chamber of Commerce? [ ] Yes [ ] No