

Village of Delburne

BUSINESS LICENSE APPLICATION

Date: _____

1. Name of Firm to be licensed: _____

2. Address of Firm to be licensed:

3. Name of Owner: _____

4. Name of Manager: _____

5. Address of Owner:

6. Telephone (Business): _____ Telephone (Emergency/Home): _____
Fax: _____

7. Type of License Required:

Resident Local Non-residential Non-resident

8. Nature & Type of Business to be conducted: Retail Wholesale
 Contracting Special Other

(Specify fully)

(Note: No other business to be conducted unless specified)

9. Do you have a Provincial License from the Department of Consumer and Corporate Affairs?

No Yes, Number []

Note: Are you going to the consumer's home to solicit and negotiate contracts?

Do you request a deposit or any payment before the job is completed?

If the answers are 'yes', you require a Provincial Business License!

Please complete all questions or a delay may result in processing.

Fee must accompany application.

I hereby certify that the information given is true and correct and agree to all and any bylaws, rules and regulations that are now or hereafter may be in force respecting the same or trade business or calling hereby licensed.

Office Use Only

License Number: _____

Approved: _____ Not Approved: _____

Fee Paid: _____ Date: _____

AGREED:

Signature of Applicant

License Inspector