THE MUNICIPAL DISTRICT OF WILLOW CREEK NO. 26

Hwy 520 West, Claresholm Industrial Area Box 550, Claresholm, Alberta T0L 0T0 Phone: (403) 625-3351 Fax: (403) 625-3886

www.mdwillowcreek.com

Bylaw No. 1603

APPLICATION FOR BUSINESS LICENCE

BUSINESS NAME:					
MAILING ADDRESS:					
BUSINESS PHONE NUMB	BER(S)				
FAX NUMBER:	MBER: CELL NUMBER:				
EMAIL ADDRESS:	WEBSITE:				
BUSINESS LOCATION (le	gal description OR st	reet add	ress, etc. if different from	mailing add	ress):
OWNER/MANAGER NAM	IE:				
MAILING ADDRESS: (if d	ifferent from above)				
HOME PHONE NUMBER:		_ D:	isplay in Business Direc	ctory (n/c)?	Yes No
NATURE OF BUSINESS: (also indicate if Home	e Occupa	tion)		
PROVINCIAL LICENCE N					
DATE:	APPLI	CANT'S	SIGNATURE:		
For Office Use Only			CUSTOMER NO:		
			LICENCE NO:		
APPROVEDAPPROVED ON CONDITION					
REFUSED					
REVOKED					
REQUIRED FEE \$	1	NEW	RENEWAL		
G. C. C.			Fees:	Resident	Non-Resident
Signature of Licence Inspector			Entire Calendar Year July 1 - Dec. 31	\$25.00 \$12.50	\$50.00 \$25.00