



DISTRICT OF FORT ST. JAMES BUSINESS LICENCE BYLAW NO. 869,2009

SCHEDULE "C" BUSINESS LICENCE APPLICATION

Date: _____

Pursuant to "BUSINESS LICENCE BYLAW NO. 869, 2009", I apply for a Business Licence to carry on the following business:

Company Name: _____

Type of Business: _____

Owner or Contact Name: _____

Civic Address: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

Web Site URL: _____

Area of premises: _____ (square metres)

I would like to have my business information made available on the regional business directory web site.

Yes

No

Listing Description for business directory (maximum 25 words):

Signature: _____

OFFICE USE ONLY

Category:

Regular

Homebased

Seasonal

Mobile Vendor

Licence Fee: \$ _____

Remarks: _____
