



City of HUMBOLDT

OFFICE OF THE CITY INSPECTOR
P. O. Box 2467
Humboldt, SK S0K 2A0
Tel. (306) 682-2221
Fax. (306) 682-3144

BUSINESS LICENSE APPLICATION (please print clearly)

*****THE BUSINESS LICENSE BYLAW NO. 03/2002 REQUIRES ALL BUSINESSES TO OBTAIN A BUSINESS LICENSE BEFORE BEGINNING OPERATION.**

BUSINESS NAME: _____
(If registered Company Name is Limited or Incorporated)

BUSINESS OWNER(S): _____

Operating as: _____

MAILING ADDRESS:

Unit #/Street #	Street Name & Direction	City	Province	Postal Code
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PHONE: _____

(Area)	Business	Cell	Fax
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Website Address: _____

CONTACT PERSON: _____

(If different from above)	FIRST NAME	SURNAME
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Unit #/Street #	Street Name & Direction	City	Province	Postal Code
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PHONE: _____

(Area)	Business	Cell	Fax
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Please describe in detail the primary function of the business: _____

LICENSE REQUIRED: _____

(Please check) Annual License One Job License After Sept 1st

I hereby certify that all the statements within this application are true and I make solemn declaration conscientiously believing to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

APPLICANT SIGNATURE

DATE: _____
DD/MM/YY

FOR OFFICE USE ONLY

COMMENTS: _____

AMOUNT PAID: _____ **LICENSE # Issued:** _____ **APPROVED BY:** _____