



City of North Battleford
1291-101st Street
P.O. Box 460

North Battleford
Saskatchewan
Canada S9A 2Y6

PH: (306) 445-1736
FAX: (306) 445-1739

APPLICATION FOR BUSINESS LICENCE

DATE: _____, 20__

OWNERS NAME: _____ BUSINESS NAME: _____

OPERATING AS: _____

TYPE OF BUSINESS: _____ E-MAIL: _____

MAILING ADDRESS: _____ PHONE: _____

_____ FAX: _____

_____ CLIENT CODE: _____

FOR COMMERCIAL LOCATION

ASSESSMENT GRID NO.: _____ BUSINESS AREA (Sq.Ft.): _____

NUMBER OF EMPLOYEES: _____ FULL TIME _____ PARTTIME _____ SEASONAL

CIVIC ADDRESS: _____ ZONE: _____

_____ MOVED FROM: _____

_____ POSSESSION DATE: _____

FOR HOME BASED OR NON-RESIDENT(office use only)

HOME ADDRESS: _____ CLASSIFICATION: _____

LICENCE TO EXPIRE: _____ ZONE: _____

COUNCIL APPROVAL: _____ CITY CLERK: _____

REMARKS: _____

LICENCE FEE: \$ _____

CUSTOMER CODE: _____

APPLICANT SIGNATURE