



LICENCE TO CONDUCT BUSINESS RENEWAL

Phone: (306) 982-2010

Fax: (306) 982-2589

Email: office@lakeland521.ca

Bylaw No. 22 -2010 requires anyone carrying on a profession, trade, occupation, calling or employment or an activity providing goods or service to maintain a business licence.

Owner/Applicant Name: _____

Applicant Occupation: _____

District of Lakeland Business Licence Number : _____

Business Contact Name(s): (if changed from previous year) _____

Total Number of Employees (incl. Self) *Optional* Full-Time _____ Part-Time _____ Seasonal _____

Forward the completed application form, any necessary supporting documents, along with the renewal fee to:

District of Lakeland No. 521
Box 27
Christopher Lake, SK S0J 0N0

Make cheques payable to: District of Lakeland No. 521

Incomplete applications subject to \$30 fee.

Declaration of Applicant

I hereby certify that all statements contained within this application are true, and I make this application knowing and believing them to be true, and that I am authorized to make this application and sign such on behalf of the owner / applicant.

Applicant's Signature

Date

Please Note: If your application is approved, and issues you will receive confirmation by mail within 7-10 business days.

This form is not a licence authorizing any business activity within the District of Lakeland No. 521.

Would you like your business contact information posted on our website? Yes _____ No _____
Initial Initial

Internal use only:

_____ Payment Amount Received _____

Approved

Hold

_____ Receipt Number

Initial

Reason for Hold:

_____ Licence Number

Initial of Officer Processing Application