



APPLICATION FOR LICENCE TO CONDUCT BUSINESS

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: _____

Business Trade Name (if applicable, attach copy of forms): _____

Please attach copy of (if applicable):

____ Sole Proprietorship – Sask. Justice Name Registration Documents *OR*:

____ Sask. Justice Corporations Branch Registration documents

You must be registered with Saskatchewan Finance for your licence to be valid.

Business Contact Name(s): _____

Business Head Office Location : _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Cellular Number: _____

Alt. Number: _____

Email address: _____

Website: _____

Please describe the nature and primary functions of your business. _____

What goods or services will be provided? _____

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

Forward the completed application form, any necessary supporting documents, along with the application 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