



# THE RESORT VILLAGE OF COCHIN

## BUSINESS LICENSE APPLICATION

### 1 BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

Civic Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address where business will operate: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Sask. Business No.: \_\_\_\_\_

### 2 TYPE OF LICENSE

Please describe your business including specifying services, goods or merchandise offered for sale:

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Check one:

- |   |  |
|---|--|
| <input type="checkbox"/> Commercial-Industrial                          | <input type="checkbox"/> Farmer's Market                   |
| <input type="checkbox"/> Home Based Business                            | <input type="checkbox"/> Taxi Cab                          |
| <input type="checkbox"/> Automatic/Vending Machines                     | <input type="checkbox"/> Real Estate                       |
| <input type="checkbox"/> Contractor                                     | <input type="checkbox"/> Second Hand Store                 |
| <input type="checkbox"/> Sub-Contractor                                 | <input type="checkbox"/> Unclassified                      |
| <input type="checkbox"/> Service/Support/Maintenance/Repair             | <input type="checkbox"/> Special Event                     |
| <input type="checkbox"/> Seasonal Yard Maintenance                      | <input type="checkbox"/> Circus                            |
| <input type="checkbox"/> Transient Trader – location approved by owner: | <input type="checkbox"/> Direct Seller – License No. _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                | <i>(Provincial – copy attached)</i>                        |

I hereby certify the above information is true and correct. \_\_\_\_\_  
*(Applicant's Name – Print)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Applicants Signature)*

### 3 FOR OFFICE USE ONLY

License Fee: \_\_\_\_\_ Receipt No. \_\_\_\_\_ License No. \_\_\_\_\_

Approval Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Type of License: \_\_\_\_\_

\_\_\_\_\_  
Chief Administrative Officer