

Phone: 306-989-2124 Fax: 306-989-4625

## **Business License Application**

Email: rm520@sasktel.net Website: www.rmofpaddockwood.com

Name of Business:	
Owner:	
Applicant if different than o	owner:
Physical Address:	
	Cell number:
Fax number:	Email:
Nature and primary functio	n of business:
What goods and services w	ill be provided:
Applicants Signature	Date
Would you like your business c	contact information listed on our website? □ yes □ no
Office Use only:	
Type of payment:   cheque	□ cash □ debit □ electronic transfer
Business License number:	
Date of approval:	Expiry Date: