

BUSINESS LICENSE APPLICATION

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|---|---|
| Business Name: | Owner Name: |
| Mailing Address/PO Box: | Mailing Address/PO Box: |
| Physical Location/Civic Address: | Physical Location/Civic Address: |
| Town/City, Prov., Postal Code: | Town/City, Prov., Postal Code: |
| Phone: | Phone: |
| Fax: | Fax: |
| Email: | Email: |

Nature and type of business activities:

The applicant hereby agrees to be responsible for the business license in connection with the respective license until such time as it notifies the Town of Springside that the applicant is no longer carrying on such business and the applicant agrees to pay all assessments as they become due.

The applicant recognizes and agrees that it is his/her responsibility to secure and comply with all applicable Federal, Provincial and Municipal government laws, regulations, and licenses respecting this proposed business and that the Town's Business License shall not be effective or valid unless all said requirements have been complied with.

I agree to allow the above information to be contained in a database which may be held by the Town of Springside and which may be allowed public access. I further agree to allow the Town of Springside to contact me via any of the above means.

Signature of Applicant(s)Date

OFFICE USE ONLY **PERMIT #** _____

___ Store-Front businesses - \$50 ___ Home-Based businesses - \$25

___ Contractors - \$100 ___ Direct Sellers - \$100 ___ Transient Traders - \$100