

**TOWN OF HEPBURN
BUSINESS LICENSE**
(In Accordance with Bylaw #161/07)

License Number: _____
Date: _____ 20 _____

Registered Business Name: _____

Operating Name of Business (if different from above): _____

Nature of Business: _____

Civic Address of Operations: _____

Business Start/Effective Date: _____

Business Mailing Address: _____

Prov.: _____ Postal Code: _____

Owner Name _____ Are you 18 years or older? Yes No

Contact (if different from owner): _____

Owner/Contact Phone: (____) _____

I/We hereby make application for a Business License in respect to the above in accordance with the Bylaws of the Town of Hepburn relating to operating a business within the Town of Hepburn, Bylaw # 161/07.

I/We have complied with requirements under all Town of Hepburn Bylaws relating to the business(s) listed above. (e.g. zoning, etc.) _____ (initial)

Note: The issuing of a license to a person by the Town does not relieve that person of the responsibility to obtain any provincial license that may be required by law. _____ (initial)

Name: _____
(please print)

Signature

For Office Use Only

Received by: _____ Date Issued: _____

Customer Application #: _____ Amount: _____

Receipt #: _____ Approved By: _____
Brad Wiebe, Administrator