



BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION *(information specific to the proposed business operations)*

Legal Business Name *(if registered corporation)*: _____

Operating Business Name(s): _____

Business Mailing Address: _____

Business Site Address: _____

Square Footage of Building: _____

Primary Contact Name: _____

Position: _____ Email: _____

Work Phone: _____ Cell: _____ Home: _____

Address: _____

Business Description *(please be specific)*:

Provincial License Required: ___Yes ___No

Copy Attached ___Yes ___No

BUSINESS OWNER INFORMATION *(business owner or corporate owner or directors)*

Business Owners Name: _____

Owner's Mailing Address: _____

Owner's Site Address: _____

Work Phone: _____ Cell: _____ Email: _____

Print Name: _____

Applicant Signature: _____ Date: _____

Approval of this Business License does not exempt the applicant from obtaining necessary permits required through Municipal Bylaw or Provincial Laws and Regulations. This information is being collected under the authority of the Village of Milo for the purpose of providing licensing. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. For more information contact the Village of Milo FOIP Coordinator at 403-599-3883.