

SCHEDULE "A"

BUSINESS LICENSE APPLICATION

The undersigned applicant intending to carry on business at the location shown below in the Town of White City, in the Province of Saskatchewan, hereby applies for a business license under the Business License Bylaw No. 646-19.

Name of Busin	ess:		
		Ltd. Co:	
	s:		
	(Box No./Street Addre	255)	
	(Town/City)	(Province)	(Postal Code)
Telephone:	Business:	Alternate#:	
E-mail:			
Civic Address o	f Business:		
Nature and Typ	pe of Business Activities:		

Application Type

Home-Based Business	Direct Seller
Regular License \$50.00	Company License \$50.00
With Inspection+\$50.00	Individual License x \$50.00/per seller
Contractor \$50.00	Temporary License
Commercial \$50.00	7-Day License \$10.00
Transient Trader \$50.00	Renewal \$10.00
	Total =

DECLARATION OF APPLICANT

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 White City in writing that the applicant is no longer carrying on such business.

The applicant hereby 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 Business License shall not be effective or valid unless all said requirements have been complied with.

Name	of Applicant
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Limited companies must affix their corporate seal

Signature of Applicant

SEAL

Date

BUSINESS LICENSE CERTIFICATE

I would prefer to receive my business license certificate by:

PDF/Email

Hard Copy/Mail

FOR OFFICE USE ONLY				
Receipt#		Fees	Date Paid	
Business License #				
Inspections by:	Inspector		Date	



TOWN OF WHITE CITY BUSINESS DIRECTORY

The Town of White City has developed a business directory on the Town website that is available to licensed businesses located in White City. The business directory includes basic information about your business.

Before the Town can publish your information, we require your consent. If you wish to be listed in the business directory, please complete this form and return it to our office. There is no charge for this service.

BUSINES	S NAME:
	Please note the business name as it appears on your business license.
BUSINES	S DESCRIPTION:
	Please describe your business activity as you would like it to appear in the directory.
PLEASE CH	ECK EACH OF THE FOLLOWING OPTIONS YOU WOULD LIKE INCLUDED IN THE DIRECTORY:
	Business Address
	Phone Number E-mail
	Fax Website
	High Resolution Advertisement/Photo (must be emailed to townoffice@whitecity.ca)

Signature