

City of Oyen

BUSINESS LICENSE APPLICATION

PO Box 360

Oyen AB T1S 1S1

Phone 3663333

Fax 3663333



Business Name or Trade Name (operating as):		
Corporation Name (if applicable):		
Primary Contact Name:	Position:	
Secondary Contact Name:	Position:	
Business Description:		
<i>Physical Location of Business</i>		
Street Address:		
City/Town:	Province:	Postal Code:
E-mail Address:		
Bus. Phone:	Fax:	Cell:
<i>Mailing Address for Business (if different from above)</i>		
PO Box/Street Address:		
City/Town:	Province:	Postal Code:
<i>Business Information</i>		
<input type="checkbox"/> Resident City of Oyen or City of Oyen Development Permit #	<input type="checkbox"/> Non-Resident City of Oyen or City of Oyen <i>other than</i> Oyen	
<i>Type of Business (Please Check One)</i>		
<input type="checkbox"/> Home Based Non GST Registered City of Oyen or City of Oyen	<input type="checkbox"/> Commercial <input type="checkbox"/> Retail	
<input type="checkbox"/> Home Based GST Registered City of Oyen or City of Oyen		
<i>Length of Term</i>		
<input type="checkbox"/> Term – Day <input type="checkbox"/> Term – Week <input type="checkbox"/> Term - Month	Specify Term From: _____ To: _____	<input type="checkbox"/> Annual City of Oyen or City of Oyen City of Oyen or City of Oyen Yes <input type="checkbox"/> No <input type="checkbox"/>
Start Date of Business in Oyen:		<input type="checkbox"/> <input type="checkbox"/>
<i>OFFICE USE ONLY</i>		
Date Received:	Payment Amount:	Receipt #

