TOWN OF LA RONGE

APPLICATION FOR BUSINESS LICENSE

Assessn	nent Number:	
NAME OF BUSINESS:		
MAILING ADDRESS:		
LEGAL LOCATION: PLAN NO.:	, BLOCK:	, LOT:
CIVIC ADDRESS:		
NAME OF APPLICANT:		
BUSINESS PHONE:, R		
NATURE OF BUSINESS: (please list full description	on off all services offered by the ab	ove named husiness)
Title Oile Of Bootiveson (preuse not tun description	it off all services offered by the ab	ove named business)
I hereby declare that the information lis	ted above is true to the best	of my knowledge:
(Signature of Applicant)	(Witness)	
DATE:		