

Town of La Ronge BUSINESS LICENSE RENEWAL

Attach additional sheets/information if needed

		Bu	siness Info	ormation				
•	Change of Address	☐ Ch	ange of Owne	r 🗆	Change of I		CI	hange of Category
Previous years License Number: Renewal fee:								
Business Operating Name								
Business Address				Unit No.				
City Province				Postal Code				
Business Mailing Address (If Different)					Unit No.			
City Province			е	Postal Code				
Type of Business				Floor Area (Commercial/Industrial Only)				
Business Phone #.				Emergency Phone #.				
Business Fax #.			E-mail Address:					
Owner Information (Limited Company or Person)								
Name	me Surname		First		I,	Middle Name		Mr.
Title/Position								
Address				Unit No.				
City Province			e	Postal Code				
Phone No.			Fax No.					
Business Registration No. (If applicable)								
Applicant Information (If Different From Owner) Name Surname First Name Middle Name Mr. Mr.								
Name	Surname		First	Name	N	/liddle Nam	ne	Mr.
Title/Position								
Address			Unit No.					
City	Province		Postal Code					
Phone No.			Fax No.					
Other Licenses Held Yes No Where?								
Zoning District: ☐ Permitted use ☐ Discretionary Use ☐ Home O							Home Occupation	
No. of Employees				No. of Seats (Restaurants Only)				
No. of Chairs (Hair Salons/Barbers Only)				No. of Units (Apartments/Townhouses Only)				
No. of Cash Registers (Retail Stores Only)				No. of Rooms to Let (Hotels/Motels Only)				
Hours of Operation:								
Brief Description of Services Currently Provided:								
• • • • • • • • • • • • • • • • • • • •								
Fee enclosed: \$								
I hereby make application for a license in accordance with all the information as above stated and declare that this is a true and correct statement and I further agree to comply with all the relevant Bylaws of the Town of La Ronge								
Signature					Date			
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