



VILLAGE OF FORESTBURG
APPLICATION FOR BUSINESS LICENSE

BUSINESS NAME: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

BUSINESS LOCATION: _____

BUSINESS ADDRESS: _____

BUSINESS WEBSITE: _____

Home based Business: _____ Commercial Business: _____ Pedlar: _____

Description of Business Activity: _____

NUMBER OF EMPLOYEES: _____

HOURS OF OPERATION: _____

PROVINCIAL LICENSE #: _____

I hereby make an application to the Village of Forestburg for a Business License for the year _____

I understand that the Village of Forestburg Licensing Officer may inspect my business premises before issuing the license.

In the case of a new business, I have the building and/or development permits that are required.

Date: _____ Signatures: _____

Please remit completed form along with payment to:

Village of Forestburg
P.O. Box 210
Forestburg, AB T0B 1N0
4902 50th Street
Phone: 780-582-3668
Email: reception@forestburg.ca