



Town of Claresholm
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Bylaw No. 1300

APPLICATION FOR BUSINESS LICENSE

BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSINESS PHONE NUMBER(S) _____

FAX NUMBER: _____ CELL NUMBER: _____

BUSINESS LOCATION (legal description OR street address, etc. if different from mailing address):

OWNER/MANAGER NAME: _____

MAILING ADDRESS: (if different from above) _____

HOME PHONE NUMBER: _____ Display in Business Directory (n/c)? **Yes No**

NATURE OF BUSINESS: _____

PROVINCIAL LICENSE NUMBER (if applicable): _____

DATE: _____ APPLICANT'S SIGNATURE: _____

For Office Use Only

LICENSE NO: _____

APPROVED _____ CATEGORY _____

APPROVED ON CONDITIONS _____

REFUSED _____

REVOKED _____

REQUIRED FEE \$ _____ **NEW** **RENEWAL**

Signature of License Inspector

Bylaw 1332 Fees:

For fees pertaining to your particular business
phone 403 625-3381.