

## LOCAL BUSINESS LICENCE APPLICATION

Name of Owner / Operat	or	
Name of Business		
Nature of Business		
Location of Business		
Mailing Address of Busi	ness	
Telephone Number(s): (6	usiness) (work	(cell)(fax)
E-mail address:		
-	iness information on the Tov	wn of The Pas Website under our
If yes please provide the if different then above or		to appear with your Business Name
statement made upon this	s application may result in th application is not a licence a	rrect and acknowledge that any false e revocation of the licence applied nd does not constitute permission to
	DATE	SIGNATURE OF APPLICANT
Fee Structure a	s per Schedule "A" to Town of The Pas Po and	
	By-Law No. 4552 Town of The Pas Lic	encing By-law
	LOCAL BUSINESS	<u>ES</u>
including but not limited to: re	estaurants / fast food, seasonal foo- tels, pawnbrokers / second hand s	
Tradeshows		\$500.00
Craft Shows		\$250.00
Amount submitted with application	ation:	s
DATE ISSUED	LICENCE #	Receipt #