

TOWN OF EATONIA
SCHEDULE "C" TO BYLAW 1/15
BUSINESS LICENSE APPLICATION

Date: _____

Owner's Information

Owner's Name: _____ Phone No.: _____

Mailing Address: _____

Postal Code: _____ Legal Description: Lot _____ Block _____ Plan _____

Contact: _____ Phone No. _____
(If different from owner)

Business Information

Registered Business Name:

Operating Name of Business:

Nature of Business:

Business Class (as per Schedule A):

Civic Address of Operation:

Number of Employees: _____ Business Start Date:

I/We hereby make application for a Business License in respect to the above in accordance with the Bylaw of the Town of Eatonia relating to the operating of a business within the Town of Eatonia.

I/We have complied with the requirements under all Town of Eatonia bylaws relating to the business listed above (e.g. Zoning, etc.) _____ [Initial(s)].

Note: The issuing of a license to a person by the Town does not relieve that person on the responsibility to obtain any federal or provincial license that may be required by law _____ [Initial(s)].

Applicant Signature

Witness Signature