

SWAN HILLS BUSINESS LICENSE APPLICATION

BOX 149 SWAN HILLS, AB T0G 2C0



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BUSINESS LICENSE NUMBER ISSUED _____

DETAIL INFORMATION (Please complete all of the following, unless not applicable)

BUSINESS NAME: _____

DIVISION OF (If Applicable) _____

TYPE OF BUSINESS: _____

CONTACT NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS _____

PHONE NUMBER: _____

FAX NUMBER: _____

CELL NUMBER: _____

E-MAIL: _____

WEB PAGE: _____

ADDITIONAL NOTES:

AUTHORIZED SIGNATURE: _____