

# 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:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_