



BUSINESS LICENSE APPLICATION

Per Bylaw 1100

Box 479 Castor AB T0C 0X0

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SECTION 1: BUSINESS INFORMATION

Information collected here will be made publicly available through our website's business directory. If you do not wish to have your information shared check the box below.

I **DO NOT** wish to have my business information posted on the Town of Castor's website.

Legal Business Name: _____

Operating Name: _____

Type of Business: _____

Business Location: _____

Mailing Address: _____

City/Prov: _____ Postal Code: _____

Business Phone: _____ Business Fax: _____

Website: _____ Email: _____

Description of primary product or service:

SECTION 2: CONTACT INFORMATION

Name of Local Contact: _____

Position: _____ Email: _____

Phone: _____

Name of Applicant (if different from above): _____

Position: _____ Email: _____

Phone: _____

SECTION 3: APPLICATION TYPE

New Application

Change of Ownership

Classification:

Commercial

Home Based Business

Located within County of Paintearth

Located outside of County of Paintearth

SECTION 4: EMPLOYMENT INFORMATION

Number of employees: _____ Number of First Nation, Metis or Inuit employees: _____

Number of employees under 18: _____ Number of Female Employees: _____

Number of employees with a disability: _____

The information provided in this section will be used to support Town grant applications. We appreciate you taking the time to provide the requested information.

SECTION 5: SIGNATURE

I hereby certify that the above information is true and properly sets out the business which is presently carried on by the applicant, owner or operator as the case may be. Approval of this Business License does not exempt the applicant from obtaining necessary permits required through Town Bylaws and Provincial, Federal and Statutory Regulations.

Signature of Applicant

Date