



TOWN OF KINDERSLEY

106 5th Avenue East, Box 1269
Kindersley, SK S0L 1S0
Ph: (306) 463-2675 Fx: (306) 463-4577

For office use only:
Date: _____
License #: _____
Amount Paid: _____
New or Renewal: _____

APPLICATION FOR BUSINESS LICENSE

Business Name: _____

Address: _____
Street Name & Direction Mailing Address City Province Postal Code

Business Phone: _____ Fax: _____ Cell/Home Phone: _____

Email Address: _____ Website: _____

Business Contact(s): _____

Business Description (please print clearly)

Please describe the primary function of the business:

CONTRACTORS:
Multi-location or One Job Only (<i>please circle one</i>)
Location of single job: _____
of Employees Contracted: _____
<i>If applicable, please attach a list of all subcontractors.</i>

HOME-BASED BUSINESS:
Yes No
Are you a Daycare?
Yes No
of Children: 1-4 or 5+

Signature of Applicant

Freedom of Information & Protection of Privacy Act (FOIP)

Information about your business will be published in promotional material and/or advertising. If you do not wish your business to be promoted by the Town of Kindersley, please indicate below.

I do / do not wish to have my business promoted by the Town of Kindersley on www.kindersley.ca