



**CITY OF WEYBURN
OFFICE OF THE CITY CLERK**

Box 370 157 – 3rd Street NE, Weyburn, Saskatchewan S4H 2K6
Phone (306) 848-3209 Fax (306) 842-2001 Email: drichter@weyburn.ca

APPLICATION FOR BUSINESS LICENSE

Name of Person Applying: _____

Trade Name: _____

Owner/Proprietor/Partners, etc:

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone No.: Home _____ Business _____ Fax _____

Email Address _____

Location of Activity or Business: _____

Nature and Type of Business Activity: _____

Place Where Activity or Business is to be Carried On: _____ Weyburn _____

Number and Date of Provincial License (if applicable): _____

The applicant hereby agrees to be responsible for the Business License in connection with the respective business until such time as it notifies the City of Weyburn in writing that the applicant is no longer carrying on such business in Weyburn.

The applicant hereby recognizes and agrees that it is his/her responsibility to secure and comply with all applicable Federal, Provincial and Municipal Government laws, regulations and licenses respecting this proposed business and that the City’s Business License is effective for the current year and is non-refundable.

Application Date

Signature of Applicant