



EXHIBIT "A" TO BYLAW NO. _____

BUSINESS LICENCE APPLICATION FORM

Application Type: (please check box that applies)

Resident Non- Resident Change of Location Change of Business Name

Business Information: (please complete all lines clearly)

Applicant Name: _____

Business Owner Name (to be listed on file for future contact): _____

Business Name: _____

Physical Address of Business: _____

Business Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Business Phone: _____ Cell Phone: _____

Business Email: _____

Description of Business: _____

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

