



FOR OFFICE USE ONLY Year_____
Bus. Lic Number: _____ Date Issued: _____

BUSINESS LICENSE APPLICATION

Owner Name: _____

Business Name: _____

Mailing Address: _____

Type of Service: _____

Phone: _____ **Fax:** _____

Signature: _____ **Date:** _____

Fee: \$100.00
Applicable from January 1st to December 31st.
Not Pro-rated.

Please forward this form and payment to the office for approval:
Town of Carman
Box 160
Carman, MB
R0G 0J0
Fax: (204)745-2903

