



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 1<sup>st</sup> to December 31<sup>st</sup>.

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

