



APPLICATION FOR NON-RESIDENT BUSINESS LICENSE

I/we hereby make application under the provisions of the Licensing By-Law #381 for a Non-Resident Business License:

Business Name: _____

Name of Applicant: _____

Mailing Address: _____ **City/Postal Code:** _____

Address of Business: _____

Business Phone: _____ **Cell Phone:** _____ **Fax Number:** _____

Website Address: _____ **Email Address:** _____

Manager: _____ **Owner:** _____

Describe Goods or Services Provided: _____

Date Business will Commence: _____

- Daily License: \$71.00 per day** **Annual License \$412.00**
- New Application** **Change of Ownership** **Change of Location** **Change of Name**

All information supplied in conjunction with this application is true and correct and that any misleading information may result in the refusal or revocation of such business license.

I hereby agree to allow the City of Lacombe to use the above information for the online business directory. **Yes** **No**

Signature: _____ **Date:** _____

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Office Use Only:
Sub Trades List *Security Clearance*

Employee Signature _____