



CITY OF LACOMBE

5432-56 Avenue,
Lacombe AB, T4L 1E9
Fax 403-782-5655

APPLICATION FOR RESIDENT BUSINESS LICENCE

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

BUSINESS OPERATING NAME: _____

NAME OF OWNER: _____

MAILING ADDRESS: _____ Postal Code: _____

LOCATION OF BUSINESS: _____

PHONE NO: _____ CELL: _____ FAX: _____

DESCRIPTION OF BUSINESS OPERATION: _____

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 LICENCE.

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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1. Building Inspector _____

2. Development Permit _____

3. Miscellaneous requirements _____

4. Employee Signature _____