



SCHEDULE "A"

BUSINESS LICENSE APPLICATION

The undersigned applicant intending to carry on business at the location shown below in the Town of White City, in the Province of Saskatchewan, hereby applies for a business license under the Business License Bylaw No. _____

Name of Business _____

Name of Owners, Proprietors, Partners, Ltd. Co: _____

Mailing Address: _____
(Box No./Street Address)

(Town/City) (Province) (Postal Code)

Telephone: Business: _____ Alternate#: _____

E-mail: _____

Civic Address of Business _____

Nature and Type of Business Activities: _____

Application Type			
Home Based _____	(\$25)	Transient Trader _____	(\$25)
		Direct Seller _____	(\$25)
Non-resident Contractor _____			(\$100)
Business in a Commercial Area _____			(\$100)

The applicant hereby agrees to be responsible for the business license in connection with the respective license until such time as it notifies the Town of White City in writing that the applicant is no longer carrying on such business.

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 Town Business License shall not be effective or valid unless all said requirements have been complied with.

Limited Companies must affix their corporate seal

SEAL

Signature of Applicant

FOR OFFICE USE ONLY

Receipt# _____ Fees _____ Date Paid _____

Business License # _____

Inspections by:

_____	_____
Fire Chief	Date
_____	_____
Health Inspector	Date
_____	_____
Building/License Inspector	Date



TOWN OF WHITE CITY BUSINESS DIRECTORY

The Town of White City has developed a business directory on the Town web site that is available to licensed businesses located in White City. The business directory includes basic information about your business.

Before the Town can publish your information, we require your consent. If you wish to be listed in the business directory and be included in the Town's Welcome Package, please complete this form and return it to our office. There is no charge for this service.

BUSINESS NAME: _____
Please note the business name as it appears on your business license

BUSINESS DESCRIPTION: _____

Please describe your business activity as you would like it to appear in the directory.

PLEASE CHECK EACH OF THE FOLLOWING OPTIONS YOU WOULD LIKE INCLUDED IN THE DIRECTORY

Business Address _____

Phone Number _____ Fax _____

E-mail Address _____ Website _____

Signature

Date