



"The Best in the West by a Damsite"

Town of Bassano
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www.bassano.ca

Bylaw No. 832/11

APPLICATION FOR BUSINESS LICENSE

BUSINESS NAME: _____

CORPORATION___ PARTNERSHIP___ SOLE OWNER ___ # OF EMPL.____ ESTABLISHED ___

MAILING ADDRESS: _____

BUSINESS PHONE NUMBER(S): _____

FAX NUMBER: _____ CELL NUMBER: _____

BUSINESS LOCATION (legal description OR street address, etc if different from mailing address):

OWNER/MANAGER NAME: _____

MAILING ADDRESS: (if different from above) _____

DISPLAY IN BUSINESS DIRECTORY: Yes___ No___

WEB ACCESS INFORMATION PROVIDED: Yes___ No___

NATURE OF BUSINESS: _____

PROVINCIAL LICENSE NUMBER (if applicable): _____

EMAIL ADDRESS: _____

DATE: _____ Applicant Signature: _____

For Office Use only

REFUSED:	_____
REVOKED:	_____
RENEWAL	DATE _____ Signature _____
RENEWAL	DATE _____ Signature _____
RENEWAL	DATE _____ Signature _____
RENEWAL	DATE _____ Signature _____

As per Bylaw 832/11 and application is required. Please fill out form and return with your payment. Thank-you