



Business License Application

Business Name:		
Business Address:		
City:	Province:	Postal Code:
Mailing Address (If Different from Above):		
City:	Province:	Postal Code:
Business Type:	Contact Name:	
Phone #:	Email Address:	
Term of License:		
Annual*	1 Week	1 Day (3-day Max)
Permission to release contact information:	Yes	No
Signature:	Date:	

Please submit completed form to:

Email: ar@athabasca.ca

Fax: 780-675-4242

Mail: 4705 49 Avenue
Athabasca, AB T9S 1B7

OFFICE USE

Account Number: _____

Business License Number: _____

*** Deadline to renew an annual business license is January 31st. A \$20 penalty will be applied to outstanding accounts after this date, with additional penalties applied monthly.**