

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 Ad	lress:			
Term of License:							
Annual		1 Week			1 Day (3-day Max)		
Permission to release contact information:			on:	Yes		es	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:							

The personal information requested on this form is being collected by the Town of Athabasca under the authority of the Freedom and Protection of Privacy Act FOIP Act Section 33(c). If you have any questions about the collection or use of your personal information, contact 780-675-2063.