



# 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: \_\_\_\_\_