

# TOWN OF HEPBURN BUSINESS LICENSE

(In Accordance with Bylaw #161/07)

License Number: \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_

Registered Business Name: \_\_\_\_\_

Operating Name of Business (if different from above): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Civic Address of Operations: \_\_\_\_\_

Business Start/Effective Date: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner Name \_\_\_\_\_ Are you 18 years or older? Yes ☐ No ☐

Contact (if different from owner): \_\_\_\_\_

Owner/Contact Phone: (\_\_\_\_) \_\_\_\_\_

I/We hereby make application for a Business License in respect to the above in accordance with the Bylaws of the Town of Hepburn relating to operating a business within the Town of Hepburn, Bylaw # 161/07.

I/We have complied with requirements under all Town of Hepburn Bylaws relating to the business(s) listed above. (e.g. Zoning, etc.) \_\_\_\_\_ (initial)

Note: The issuing of a license to a person by the Town does not relieve that person of the responsibility to obtain any provincial license that may be required by law. \_\_\_\_\_ (initial)

Name: \_\_\_\_\_  
(please print)

Signature

## For Office Use Only

Received by: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Customer Application #: \_\_\_\_\_ Amount: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Approved By: \_\_\_\_\_  
Debbie Dyck, Administrative Assistant