

Business Licence Application Form



Business Name: _____

Address: _____

Contact Person: _____

Phone: _____ E-mail: _____

Business Number: _____

Make / Model of Vehicle: _____

Licence Plate Number: _____

Driver's Licence Number: _____

Description of Goods / Services Provided: _____

Type of business licence requested:

- Part-time (seven days or less) Full-time (365 days or less)

Please return completed form to the Town of Altona Administration office at 111 Centre Avenue East, by mail at PO Box 1630, Altona, MB, R0G 0B0, by fax at 204.324.1550 or by e-mail to infor@altona.ca.

OFFICE USE ONLY

| | |
|------------------------|-------------------------------|
| Date approved: | Authorizing signature: |
| Expiry date: | |
| Receipt number: | Authorized by: |



TERMS & CONDITIONS OF BUSINESS LICENCE

Applicant Acknowledgement

The undersigned being the Applicant/Agent for the business described above, hereby declare that I have obtained all the necessary licences or permits as required under other statutes, provincial and otherwise, to operate such a business and I agree to comply with all rules and regulations that are now enforced, or hereafter may be enforced respecting the same trade, business or calling.

It is understood that the completion of the form constitutes an application only, and the business activities applied for will not commence until this application has been approved by the Town of Altona and a permit issued.

I understand that under the Town of Altona Business Licence By-law:

- any sales of goods or services from a vehicle or other movable object must be at a location pre-authorized by the Chief Administrative Officer of the Town of Altona;
- any sales of goods or services by means of going door to door or from place to place are prohibited;
- the licence shall be valid until the expiry date indicated on the business licence permit unless revoked by a designated officer of the Town of Altona.

I hereby confirm that the information provided on this form and in support of this application is true and correct.

Signature of Applicant