



Box 310  
4612 McDougall Drive  
Smoky Lake, AB T0A 3C0  
ph 656-3730 fx 656-3768

## BUSINESS LICENCE REQUEST FORM

### Applicant Information

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_ Signature: \_\_\_\_\_

### Description of Business Activity

Business Name: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Business Start Date: \_\_\_\_\_  
Located at: *(Please check one of the following)*  
 Legal: Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ and Part of \_\_\_\_\_ ¼ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rge \_\_\_\_\_ W4M  
 Mobile

### Preferred Method of Communication

Select a method which can be used to advise you that your application has been completed.

call you for pick up  mail the decision

**\*\*If a decision has not been picked up within 5 (five) working days, the decision will be automatically mailed to applicant.**

### OFFICE USE ONLY

Date Received \_\_\_\_\_ Roll Number: \_\_\_\_\_ (if applicable)  
Issued Date \_\_\_\_\_ Our File Number: \_\_\_\_\_  
Note(s): \_\_\_\_\_