

FORM B

Town of Marshall – Business License Application

Name of Business: _____

Owner Name: _____

Business Address (mailing and civic): _____

Owner Address (if different than above): _____

Phone Number: (B) _____ (C): _____

Type of Business: _____

Duration License is requested: _____

All Provincial Statutes have been obtained, paid for and approved: _____

What kind of business will be taking place at this location? _____

I certify that all the information I have provided to the Town of Marshall is true to the best of my knowledge.

Date: _____

Signature of owner/applicant: _____

OFFICE USE ONLY:

DATE OF APPLICATION: _____

APPLICATION APPROVAL DATE: _____

BUSINESS LICENSE NO. ISSUED: _____

APPLICATION/LICENSE FEE PAID: _____ CASH/CHEQUE/OTHER

COUNCIL APPROVAL DATE: _____ RESOLUTION NO: _____

REBATE APPROVED: YES NO

COUNCIL REBATE APPROVAL DATE: _____

COUNCIL REBATE RESOLUTION NO. _____