2025 BUSINESS LICENSE APPLICATION FORM

Town of Wainwright 1018 - 2 Avenue Wainwright, AB T9W 1R1 780-842-3381



Business License Bylaw #2018-15

Please fill in the following information, sign and return with your business license payment so that we may issue you your business license and effectively update our business database.

Business Name: (known as):	
Type of Business: In Town - Commercial (choose one)	In Town - Home Based Out of Town Weekly
Business activities being applied for: (This is what will be published a	as your business description and searchable on our online business directory):
Business Location Address:	
Business Mailing Address (if difference than above):	
City/Town:	Postal Code:
Business Phone:	Email Address:
Contact Name:	Contact Phone:
Number of Employees (full time and full time equivalent):	
Your business will automatically be added to the business from the Town of Wainwright. If you do not wish to be inclu	s directory at <u>www.wainwright.ca</u> and will receive information ded, please specify.
No , I do not want my business published on the Town of Wainwright website Business Directory.	
No , I do not want to receive information from the Town of Wainwright.	
- APPLICANT SIGNATURE	
	d business at the above-mentioned property in the Town of Wainwright of my knowledge, a true statement of the facts relating to this applicatior
Signature:	Date:

THIS FORM MUST BE SUBMITTED WITH YOUR PAYMENT

OFFICE USE ONLY	
Business License Number:	Amount Paid: \$
Development Authority Signature:	Date:
Conditions / Comments:	