



6 North 1 Street West
P.O. Box 520
Magrath, Alberta
TOK 1J0
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RESIDENT BUSINESS LICENSE APPLICATION FORM

Principal Owner / Licensee Information

Last Name: _____ First Name: _____
Civic Address: _____
Legal Address: Lot: _____ Block: _____ Plan: _____
Business Phone #: _____ Cell #: _____ Fax #: _____
Email: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Legal Land Owner: _____ Approval Attached:

Business Registration Type:

If Sole Proprietor:
Last Name: _____ First Name: _____
Business Operating /Trade Name: _____

If Partnership (Please list all partner's names)

Last Name: _____ First Name: _____
Last Name: _____ First Name: _____
Last Name: _____ First Name: _____
Business Operating /Trade Name: _____

If corporation or Limited Liability Company:

Legal Entity: _____
Business Operating /Trade Name: _____

Operations:

Describe your business activity:

Applicant Signature: _____ Date: _____

Fee per year: _____