



Town of Oyen
Application for Business License

Year 2012

1. Company Name: _____

2. List Business Type(s): _____

3. Business Address: _____

Postal Code: _____

Mailing Address: _____

Postal Code: _____

4. Telephone Number: _____ Fax Number: _____

5. Email Address: _____

6. Business Owner: _____

Key Contact: _____

7. Number of full time employees: _____ Part time _____ seasonal _____

8. Provincial Business License Number if Required: _____

9. Previous Business Address (if applicable): _____

APPLICANT INFORMATION

Name of Applicant Surname: _____

Given: _____

Home Address: _____

City and Province: _____

Postal Code: _____

Telephone Number: _____

I DECLARE THAT ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS TRUE AND CORRECT. I MAKE THIS DECLARATION KNOWING THAT IT IS THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH. I AGREE TO HAVE MY BUSINESS INFORMATION SECTION 1 THROUGH 5 ABOVE, MADE PUBLIC ON THE TOWN OF OYEN WEBSITE BUSINESS DIRECTORY.

Date

Signature of Applicant
(Must be witnessed by Town Employee)

Witness of Applicant Signature
(Town Employee)

Approved By

Date

Effective _____