



Wild at heart.

District of Elkford

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## NON- RESIDENT BUSINESS LICENCE APPLICATION

### COMPANY INFORMATION

Business Name \_\_\_\_\_

Business Civic Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Description/Type of Business \_\_\_\_\_

Website address \_\_\_\_\_ Email Address \_\_\_\_\_

### BUSINESS MAILING ADDRESS AND INFORMATION

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Cell \_\_\_\_\_

Owner Name \_\_\_\_\_ Fax \_\_\_\_\_

### MOBILE VENDORS ONLY

Location:(must be located on private property) \_\_\_\_\_

Health Inspection: Please attach copy of Inspection Report

### OTHER INFORMATION

Vehicle Signage? Yes or No

Location of Business within the District of Elkford: \_\_\_\_\_

I/We \_\_\_\_\_, hereby make application for a licence in accordance with the particulars as stated above and declare that the above statement is true and correct. I undertake that if granted the Business Licence applied for, I will comply with each Bylaw now in force or which may hereafter come in to force in the District of Elkford.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY	
Customer Code:	Licence Type:
Client Type:	Zoning:                      Use is permitted:
Signage on Vehicle:	
Mobile Vendors: Washroom Facilities	Property Owner Approval:
Health Unit:	Fire Department:
Approvals:	
Building Inspector: (where applicable)	Fire Department:
Licence Inspector:	Date of approval: