



TOWN OF TWO HILLS

4712 - 49 Street, P. O. Box 630

Two Hills, AB T0B 4K0

Phone: 780-657-3396 Fax: 780-657-2158

APPLICATION FOR BUSINESS LICENSE

New License License Renewal Change of Occupancy Change of Address Change of Ownership

I, _____ herewith make application for a license under the provisions
(name of applicant)

of the Licensing Bylaw No. 2009--871 of the Town of Two Hills to establish and operate a business within the Town of Two Hills. The said Business will be operated under the

Company/Personal Name : _____

Civic Address of Business: _____

Description of Business: _____

Name of Owner/Manager: _____

Business Mailing Address: _____

Business Phone: _____ Residence Phone: _____ Cell Phone: _____

Fax Phone: _____ Your Town Account Number: _____

As required by Provincial or Municipal Legislation, I have obtained and possess the following:

- A. Provincial License Requirements: Alberta License No. _____ Expiry Date _____
- B. Approved under Health Regulations _____
(Health Inspector or other Authority)
- C. Fire Discipline Inspection _____
(Safety Codes Council - attach certification copy)

Approved under the Land Use Bylaw _____
(Development Authority) (Development Permit No.)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Date: _____ Applicant's Signature: _____

FOR OFFICE USE ONLY

#32 Business License Fee: _____ Issued By: _____

Business License No./Receipt No. _____ Business Type: _____

Other Comments: _____