



BUSINESS LICENSE APPLICATION

Bylaw # 2005-001

Date: (dd)__(mm)__(yy)___

Please Complete all fields:

1. Applicant's Name _____

2. Applicant's Date of Birth: (dd)__(mm)__(yy)___

3. Applicant's Address (primary residence):

Street: _____

City: _____ Province: _____

Postal Code: _____

4. Name of company/partnership/corporation proposed as Licensee:

5. Mailing Address of company/partnership/corporation proposed as Licensee:

Street: _____

City: _____ Province: _____

Postal Code: _____

6. Phone Number: Primary: _____

Mobile: _____

7. Email Address: _____

8. Name of business to be licensed: _____

9. Address of business to be licensed:

Street: _____

City: _____ Province: _____

Postal Code: _____

10. Name of individual in charge at this location: _____

11. Title of individual in charge: _____

12. Type of Business: _____

13. Have you previously had a business license from this First Nation? Y___N___

14. Are you presently registered with the federal government or a self regulating professional body with respect to the conduct of your business? Y___N___
(if yes, applicant must provide proof and attach details).

15. Are you bonded with a bonding agency with respect to the conduct of your business?
(if yes, applicant must provide proof and attach details).

16. Is this business incorporated? Yes___No___Federal___Provincial___
(if yes, applicant must provide proof and attach details).

17. Is the business administered by a partnership? Yes___No___
(if yes, applicant must provide proof and attach details).

18. Have you, within the previous three (3) years, been convicted of an offense under the Criminal Code of Canada for which you have not been pardoned? Yes___No___

For Internal Use Only:

APPROVED___ REJECTED___

WHITECAP LANDS DEPARTMENT

182 Chief Whitecap Trail
Whitecap, Sask

S7K 2L2

Phone: (306)-477-0908

