

DISTRICT OF NEW HAZELTON

APPLICATION FOR A BUSINESS LICENSE

BUSINESS NAME _____ LICENSE # _____

REGISTERED COMPANY NO. _____ PHONE NO _____
(if applicable)

ADDRESS OF BUSINESS _____

BUSINESS LOCATION _____

TYPE OF BUSINESS _____ E-MAIL _____

PRINCIPALS OR AGENTS INVOLVED IN BUSINESS:

1 _____ Address _____ Phone # _____

2 _____ Address _____ Phone # _____

I / We _____ hereby apply
for a District of New Hazelton Business Licence. I / We understand the Business Licence cannot be sold or
transferred. I / We further agree that should the licence applied for herein be granted, that I / We will abide by all
the Bylaws now in force or which hereafter come into force in the District of New Hazelton.

Date

Signature of Applicant

Applicants Full Name Printed

I consent to have my business information listed on www.newhazelton.ca

Licence Application Approvals (Building, Fire, Health, Zoning, Police Department and / or other necessary
Department approvals)

Licence Application Approved on _____ by _____
Date

Licence Inspector

Application NOT APPROVED and referred to Council on _____

Licence Issued by Resolution No. _____ on _____

Licence Inspector