



55 South 1 Street West
P.O. Box 520
Magrath, Alberta
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NON-RESIDENT BUSINESS LICENSE APPLICATION FORM

Principal Owner / Licensee Information

Last Name: _____ First Name: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Business Phone #: _____ Cell #: _____ Fax #: _____

Email: _____ Mailing Address: _____

Business Registration Type:

If Sole Proprietor:

Last Name: _____ First Name: _____

Business Operating /Trade Name: _____

If Partnership (Please list all partner's names)

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Business Operating /Trade Name: _____

If corporation or Limited Liability Company:

Legal Entity: _____

Business Operating /Trade Name: _____

Operations:

Describe your business activity:

Applicant Signature: _____ Date: _____