



55 South 1 Street West
P.O. Box 520
Magrath, Alberta
T0K 1J0
Ph: 403-758-3212 Fax: 403-758-6333

RESIDENT BUSINESS LICENSE APPLICATION FORM

Principal Owner / Licensee Information

Last Name: _____ First Name: _____
Civic Address: _____
Legal Address: Lot: _____ Block: _____ Plan: _____
Business Phone #: _____ Cell #: _____ Fax #: _____
Email: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Legal Land Owner: _____ Approval Attached:

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: _____
Fee per year: _____