



# LICENCE TO CONDUCT BUSINESS RENEWAL

Phone: (306) 982-2010 Fax: (306) 982-2874 Email: office@lakeland521.ca  
Municipal bylaw requires anyone carrying on a profession, trade, occupation, calling or employment or an activity providing goods or service to maintain a business licence.

Renewing:

General Licence (\$100)...

Local Commercial Licence (\$5)...

Rented Commercial Licence (\$20)...

Business Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

**You must be registered with Saskatchewan Finance for your licence to be valid.**

Business Contact Name(s): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cellular Number: \_\_\_\_\_

Alt. Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

Total Number of Employees (incl. Self) *Optional* Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal \_\_\_\_\_

Forward the completed renewal form, any necessary supporting documents, along with the application fee to:

**District of Lakeland No. 521**

**Box 27**

**Christopher Lake, SK S0J 0N0**

**Make cheques payable to: District of Lakeland No. 521**

**Incomplete applications subject to \$35 fee.**

## Declaration of Applicant

I hereby certify that all statements contained within this application are true, and I make this application knowing and believing them to be true, and that I am authorized to make this application and sign such on behalf of the owner / applicant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*Please Note: If your application is approved, and issued you will receive confirmation by mail within 7-10 business days.*

**This form is not a licence authorizing any business activity within the District of Lakeland No. 521.**

Would you like your business contact information posted on our website? Yes \_\_\_\_\_ No \_\_\_\_\_  
*Initial Initial*

Internal use only:

\_\_\_\_\_ Payment Amount Received \_\_\_\_\_  
*Initial*

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Hold

\_\_\_\_\_ Receipt Number \_\_\_\_\_ Reason for Hold:

\_\_\_\_\_ Licence Number

\_\_\_\_\_  
Initial of Officer Processing Application