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)… General Contractor ($750)….. **

**Local Commercial Licence ($5)… Rented Commercial Licence ($20)…**

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

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

 **Please fill in your number and Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BUSINESS ENTITY #**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PST # OR**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Government Issued Photo ID #**

***\_\_\_\_\_\_\_\_\_\_\_\_\_ ( Initials) I am registered with Saskatchewan Finance.***

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Hold

 Initial

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

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

Initial of Officer Processing Application