



Type of License: _____

GENERAL LICENSE APPLICATION

Date: _____

To: The City of Melfort

I, _____

Mailing Address: _____

(Box No. / Street Address)

(City)

(Province)

(Postal Code)

Telephone: Home: _____ Alternate #: _____

E-mail Address: _____

Hereby apply for a City License to operate the following business:

Trade Name of Business: _____

Is it a home occupation? Yes No

If 'Yes', state your civic address: _____

Is your license a direct seller's license? Yes No

If 'Yes', state Provincial License No.: _____

Are you selling food items? Yes No

If 'Yes', you must have the Health Inspector's Approval.

Health Inspector Signature: _____

Expiry Date: December 31, _____
Year

Signature _____

FOR OFFICE USE ONLY:

Receipt Number: _____

Fire Chief: _____

Initials: _____

License Inspector: _____