



**LICENSING APPLICATION / REGISTRATION OF A BUSINESS**

Date: \_\_\_\_\_ Provincial Business License #: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Local Contact \_\_\_\_\_ City: \_\_\_\_\_  
Local Business Address \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

ADDRESS OF HEAD OFFICE IF OUTSIDE THOMPSON \_\_\_\_\_  
\_\_\_\_\_

OFFICERS OF THE BUSINESS (NAME AND ADDRESS) :  
1) \_\_\_\_\_ 2) \_\_\_\_\_  
\_\_\_\_\_

**PERSON IN CHARGE OF BUSINESS IN THOMPSON IF OTHER THAN ABOVE:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Nature of Business \_\_\_\_\_

OTHER BUSINESS NAMES OPERATED IN CONJUNCTION WITH THE PRIME BUSINESS AS STATED ABOVE: (If any) \_\_\_\_\_

LICENSES ARE SUBJECT TO APPROVAL. RECEIPTED FEES ARE SUBJECT TO REFUND.

\_\_\_\_\_  
(Signature of Applicant)

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For City Hall Use Only. Type of License(s) Required:

<b>HOME OCCUPATION</b>	<b>BUSINESS</b>
Other _____	Other _____
<b>TRANSIENT TRADER</b>	<b>VENDORS</b>
Other _____	Other _____

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Fee Due: \_\_\_\_\_ Fee Received: \_\_\_\_\_ Receipt No. \_\_\_\_\_  
APPROVED: \_\_\_\_\_ NOT APPROVED: \_\_\_\_\_  
Frank Sharpe  
License Inspector