



Box 310
4612 McDougall Drive
Smoky Lake, AB T0A 3C0
ph 656-3730 fx 656-3768

BUSINESS LICENCE REQUEST FORM

Applicant Information

Applicant: _____ Phone: _____
Address: _____ Cell Phone: _____
City/Prov. _____ Postal Code: _____ Fax: _____
Email address: _____ Signature: _____

Description of Business Activity

Business Name: _____
Nature of Business: _____
Business Start Date: _____
Located at: *(Please check one of the following)*
☐ Legal: Lot _____ Block _____ Plan _____ and Part of _____ ¼ Sec _____ Twp _____ Rge _____ W4M
☐ Mobile

Preferred Method of Communication

Select a method which can be used to advise you that your application has been completed.

☐ call you for pick up ☐ mail the decision

****If a decision has not been picked up within 5 (five) working days, the decision will be automatically mailed to applicant.**

OFFICE USE ONLY

Date Received _____ Roll Number: _____ (if applicable)
Issued Date _____ Our File Number: _____
Note(s): _____