

The City of Flin Flon
APPLICATION FOR HOME BUSINESS LICENCE

Please Print Neatly

Date: _____

Owner(s) Full Name(s) _____

Name of Business _____

Address of Business _____

City & Province _____ Postal Code _____

Telephone Number _____ Fax Number _____

Cell Telephone Number _____

Email Address _____

The Business being Licenced is to be Carried on within The City of Flin Flon

List all of the Business' Operations/Activities _____

Mailing Address (If different from above):

Name of Business _____

Street or Mail Box No. _____

City & Province _____ Postal Code _____

Telephone Number _____ Fax Number _____

Year/Model/Licence Number of Vehicle _____

I/We hereby tender the following fee in payment for the above licence applied for:

Approved:

Signature(s) of Applicant(s)

Glenna Daschuk

Licence Inspector

Licence Inspector Signature - The City of Flin Flon