



CITY OF MELFORT
P.O. BOX 2230, MELFORT, SASK. S0E 1A0

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: _____

Location of Job _____

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

Trade Name of Business: _____

Journeyman # (if Applicable): _____

Is it a home occupation?

Yes No

If 'Yes', state your civic address (May require Council Approval): _____

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:

Fire Chief: _____

License Inspector: _____