



TOWN OF ARBORG
 337 River Road
 Box 159, Arborg, MB R0C 0A0
 Tel: 204-376-2647 Fax: 204-376-5379
 Website: www.townofarborg.com
 E-mail: townofarborg@mymts.net

BUSINESS LICENSE APPLICATION

Business Name:					
Owner / Applicant Name					
Civic Address of Business:				Town	
Mailing Address:				Town	Postal Code
Business Telephone:		()	Cell:	()	
Email:		@	Website		
Type of Business:	Accommodations <input type="checkbox"/>		Home Service &/or Trades <input type="checkbox"/>		Retail <input type="checkbox"/>
	Food Service <input type="checkbox"/>		Recreation & / or Entertainment <input type="checkbox"/>		Health & Professional <input type="checkbox"/>
	Other <input type="checkbox"/>	(Specify)			
Details of the business to be carried on:					
I (We) hereby certify the above information to be correct and acknowledge that any false statement made upon this application may result in the revocation of the license applied for and/or prosecution.					
Signature				Date:	
Business License Fee(s)	\$50.00 Resident <input type="checkbox"/>		\$75.00 Non-Resident <input type="checkbox"/>		
Payment Enclosed:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Chq <input type="checkbox"/>	Cash <input type="checkbox"/>	
Payment via EFT		Sent to: townofarborg@mymts.net		YES <input type="checkbox"/>	NO <input type="checkbox"/>

OFFICE USE ONLY				
Fee Owning:		Payment Received <input type="checkbox"/>	Certificate <input type="checkbox"/>	Filed <input type="checkbox"/>
Receipt #		Issue Date:		
License #		Expiry Date:		