



TOWN OF KINDERSLEY

106 5th Avenue East, Box 1269
Kindersley, SK S0L 1S0
Ph: (306) 463-2675 Fax: (306) 463-4577

For office use only:

Date: _____

License #: _____

Amount Paid: _____

New or Renewal: _____

APPLICATION FOR BUSINESS LICENSE 2024

Business Name: _____

Physical Address: _____

Mailing Address: _____

City

Province

Postal Code

Business Phone: _____ Cell Phone: _____

Email Address: _____

Business Contact(s): _____

Business Description (please print clearly) Please describe the primary function of the business:

CONTRACTORS:

Multi-location or One Job Only (*please check one*)

Location of single job: _____

of Employees Contracted: _____

If applicable, please attach a list of all subcontractors.

HOME-BASED BUSINESS?

Yes or No

ARE YOU A DAYCARE?

Yes or No

of Children: 1-4 or 5+

Freedom of Information & Protection of Privacy Act (FOIP)

Information about your business may be published in promotional material and/or advertising. If you do not wish your business to be promoted by the Town of Kindersley, please indicate below.

I do do not agree to have my business promoted by the Town of Kindersley

It is my responsibility to update the Town of Kindersley as to any changes to my business that would affect my business license. (ie change of location, email, type of business, etc)

Signature of Applicant _____ Date: _____