

INTER-COMMUNITY BUSINESS LICENCE APPLICATION



Clearwater Business Licence No: _____

Name of Business: _____

Name of Business Owner: _____

Business Location Address: _____

Business Mailing Address ☐ same as above

Business Phone Number _____ Email _____

Type of Business: _____

Description of Business Activity

Declaration of Applicant:

- I/We the undersigned hereby apply for a business licence in accordance with the information as stated and declare that the statements included and attached are true and correct to the best of my/our knowledge. If granted the licence applied for, I/we agree to comply with each and every contained in the regulations now in force or which may come into force within the District. It is understood that I/we must renew the licence issued each year, that the licence is not transferable to any other person, that it is subject to review at any time, and may be suspended, revoked, or cancelled for failure to comply with any applicable laws or for reasonable cause.
- I/We declare that my business type does not fall under the "Excluded Businesses" as per Schedule "A" of the District of Clearwaters Inter-Community Business Licence Bylaw as amended from time to time.
- I give permission to the District of Clearwater to contact me via email or other electronic messaging with information pertinent to my business or business activities in general.

Signature of Applicant: _____

Date: _____

PARTICIPATING COMMUNITIES

