



PO Box 460, 56 Wheatland Avenue, Smoky Lake, AB T0A 3C0
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Email: town@smokylake.ca Website: www.smokylake.ca

Business License Application

Date: _____

Business Name _____

Address _____

Mailing Address _____

Phone Number _____ Cell Phone _____

Type of Business: Incorporated Co. _____

Partnership _____

Sole Proprietor _____

Type of Business: _____

Person making Application: _____

Address _____

Phone Number _____ Cell Phone _____

Applicant Signature _____

OFFICE USE ONLY:

Approved _____ Date _____

Amount Paid \$ _____ Date _____

Receipt # _____