

VILLAGE OF CARMACKS

APPLICATION FOR CARMACKS BUSINESS LICENSE

I, _____ hereby apply for a Business License for the _____

License year, to be issued in the name of: _____

I have resided continuously in the Village of Carmacks, or the business has been carried on in the Village of Carmacks for _____ (*years/months/weeks*) immediately preceding the date of application.

The Business Mailing Address is: _____

The Business Telephone Number is: _____

The Business Email Address is: _____

The Business will be carried on at: _____
(*physical address*)

The Nature of the Business to be Licensed is: _____

I certify that the information provided in this application is true, correct and complete to the best of my knowledge and belief.

Signature of Applicant: _____

Date: _____