TOWN OF HAY RIVER

BUSINESS LICENSE 2024/2025 APPLICATION

APPLICANT'S NAME:			
NAME OF BUSINESS:			
MAILING ADDRESS:			
TELEPHONE NO's:	Home:	Work:	Fax:
	E-mail:		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			w No. 1395 for the purpose of 21, 2025, at the following location:
BUSINESS ADDRESS: _			
NATURE OF BUSINESS:	:		
CLASS OF LICENSE:			_
EMPLOYMENT:	Owner/Operator:	Full Time []	Part Time []
	Employees:	Full Time []	Part Time []
BUSINESS LICENSE FE	E: \$		
Date:	Applicant	a's Signature:	
	OFFI	of use only	
		CE USE ONLY	
Receipt No.:		Date of Recei	pt:
	ROUTING	DATE IT	NITIAL
	By-Law Dept.		MITAE
	Dev. Officer		

CLASS OF LICENSE / FEE

COMMERCIAL	.\$150.00
HOME OCCUPATION	.\$200.00
STUDENT	\$10.00
SEASONAL TOURIST	.\$100.00
NON-CONFORMING	.\$200.00
NON-RESIDENT	.\$350.00
SALESPERSON SUB-LICENSE	.\$25.00