

Village of Hay Lakes

Business License Application

COMPANY NAME: _____

COMPANY CONTACT NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

BUSINESS LOCATION:

LOT(S) _____ BLOCK _____ PLAN _____ (if applicable)

STREET ADDRESS: _____

TYPE OF BUSINESS: _____

TYPE OF GOODS SOLD: _____

(if applicable) _____

I hereby make application of a Business License from the Village of Hay Lakes for the purpose of operating a business within the boundaries of the Village of Hay Lakes.

Date

Signature

Office Use Only

Fee: _____

Application Received: _____

Application: Approved Rejected

Business License No: _____ Date Issued: _____