



Town of Wembley

Business Licence Application

Business Name: _____

Civic Address: _____

Legal Description: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Owner: _____ Contact Number: _____

Manager: _____ Contact Number: _____

Business Type: _____

Business Hours of Operation: Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Sunday: _____

Other Info if applicable: _____

Add to Town Website Business Directory www.wembley.ca Yes _____ or No _____ Please initial
Please include Business Registration information.

Name of Applicant: _____ Signature of Applicant: _____

Town Office Administration

Application Received Date: _____ License Issued Date: _____

Business Registration information Received Yes or No: _____

Issued By: _____

Fee Collected: \$25.00(resident) _____ \$50.00 (non-resident) _____

Cash: _____ Cheque: _____ Debit: _____ Other: _____ etransfer: finance@wembley.ca

PLEASE NOTE: The personal information on this form is being collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP Act) RSA 2000 CF-23. If you have any questions about the collection, use and protection of this information, please contact the Town of Wembley FOIP Coordinator at 780-766-2269 or admin@wembley.ca.