

BUSINESS LICENCE APPLICATION

MOTOR VEHICLE SALES/REPAIR/STORAGE

Purpose: New Business Change of Name/Personal info
 Change of Location Change of Ownership

Licence being applied for: Motor Vehicle Sales Motor Vehicle Storage (Towing)
 Motor Vehicle Repair

Operating / Opening Start Date: _____

PLEASE PRINT CLEARLY

PART 1 Business - This information will appear on your Business Licence

Operating "AS" Name: _____

Operating Address: _____
and Street Apt/Unit # City/Province Postal Code

Business Phone #: _____ Business Fax #: _____

Mail

PART 2 Applicant - This information will appear on your Business Licence

Business Name/Numbered Company: _____

Owner's Name: _____
First Name Last Name

Business Address: _____
and Street Apt/Unit # City/Province Postal Code

Business Phone #: _____ Business Fax #: _____

Business Email Address: _____

(Note: Email will not appear on your licence)

Mail

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