



Village of Glenwood Business License Application

Legal Business Name: _____

Proprietor(s): _____

Contact Person(s) Name and Phone Number:

Business Physical Address: _____

Business Email Address: _____

Business Mailing Address: _____

Business GST Number: _____

Business Description:

Business License Applying for (check one):

Municipal

Regional

I certify that all information provided by me on this application is, to the best of my knowledge, correct and true. I agree to allow the Village of Glenwood personnel to investigate my suitability to hold a Municipal and/or Regional Business License.

Signature

Date of Application

Village of Glenwood
PO Box 1084, 59 Main Avenue
Glenwood, AB, T0K 2R0

403-626-3233 (T)
403-626-3234 (F)
office@glenwood.ca

Date \$20 Fee Paid? _____