



Town of Moosomin

Business license Application

Business Name

Contact Person

Position

Phone Number

Fax

E-mail

Civic Address

Mailing Address

City/Town

Province

Postal Code

Type of Business

Business Based

Moosomin

☐

Other

- If other please indicate

Do you intend to operate out of? House

☐

Garage

☐

Other

☐

Period for which license is required?

Phone # of business

Email of business

Attach proof of compliance with Zoning Bylaw

Name

(Printed)

Signature

Date

Please forward the completed & signed form to twm.moosomin@sasktel.net