



The Town of Swan River 439 Main Street  
P.O. Box 879  
Swan River, Manitoba R0L 1Z0  
Phone: 204-734-4586 Fax: 204-734-5166

**APPLICATION FOR BUSINESS LICENCE & TRANSIANT TRADERS LICENCE**

Name of Person, Firm or Corporation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Purpose of License is to carry on business as \_\_\_\_\_

Provincial Authority to carry on this type of business in the Province of MB \_\_\_\_\_

\_\_\_\_\_

Direct Sellers License Number \_\_\_\_\_

Liability Insurance \_\_\_\_\_

\*Please attach Copy of Insurance\*\* Name of Company Amount of Insurance

Performance Bond \_\_\_\_\_

Name of Company Amount of Insurance

If you have no permanent residence or place of business in Swan River state the location, street address and phone number where you can be reached while doing business in Town.

\_\_\_\_\_

\_\_\_\_\_

Vehicles used in this Business

Make	Year	Model	License No.

Other Information \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

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For Town Use Only:

Name \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_