

The Town of Swan River 439 Main Street P.O. Box 879 Swan River, Manitoba R0L IZ0 Phone: 204-734-4586 Fax

Fax: 204-734-5166

Email: main@townsr.ca

APPLICATION FOR BUSINESS LICENCE & TRANSIANT TRADERS LICENCE

Please submit the finished form to the Town by: mail, email, fax, or drop off at the Town Office

Issuance of license is conditional on receiving all required information, payment, and approval from the Town CAO. The Town may ask for additional information.

Items marked with an * are mandatory

Name of Person, Firm or	Corporation*		····
Address*	Phone [*]		
Name of Applicant*			
Address*	Phone*		
Purpose of License is to	carry on busir	ness as*	
Provincial Authority to c	arry on this typ	pe of business in the Province of	of MB
Direct Sellers License N	lumber		
Liability Insurance*			
Liability Insurance* **Please attach Copy of Insur	rance**	Name of Company	Amount of Insurance
Performance Bond		Name of Company	Amount of Insurance
		r place of business in Swan Riv I can be reached while doing bu	
Vehicles used in this Bu	siness		
Make	Year	Model	License No.
Other Information			
Date		Signature	
For Town Use Only:			
Name			
Position		Date	