



County of Northern Lights
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E-Mail: countyofnorthernlights@countyofnorthernlights.com

Business License Application Form
(Please Print)

Date: _____

Name of Applicant: _____

Job Title: _____

Business Information

Name of Business: _____

Owner's Name: _____

Mailing Address: _____

Phone #: _____ Cell# _____ Fax# _____

Email Address: _____ Website: _____

Date of Business Start up? _____

Number of Staff? _____

Approximate Annual Gross Sales? _____

Additional Information

1. Is your business located in your home? Yes / No
2. Is your business located in the County of Northern Lights? Yes / No
3. In which community is your business located? _____
4. Do you solicit, negotiate, or conclude sales contracts in person away from your place of business? Yes / No
5. Do your contracts include some form of prepayment such as a deposit, progress payment, or other such payment before the contract is fully completed? Yes / No
6. Please Identify your biggest challenge: _____

This personal information is being collected under the authority of the County of Northern Lights and will be used for the licensing of businesses in the County of Northern Lights. It is protected by the privacy provisions of the Freedom of Information Act. If you have any questions about the collection of this information please contact the County of Northern Lights.