

City of Morden 100 – 195 Stephen Street Morden, Manitoba, R6M 1V3 Telephone: (204) 822-4434 Fax: (204) 822-6494 Email: info@mymorden.ca

## **BUSINESS LICENCE**

	<u>EE IN LIEU OF BUSINESS TA</u>	,	RS/BUSINESS/SALES LICENCE)	
Name of Applicant:		Phone:	Phone:	
Name of Company R	epresenting:			
Business Address:		Mailing Address If	Mailing Address If Different:	
Email Address:		Website Address:	Website Address:	
Provincial Licence No:		Drivers Licence No	Drivers Licence No:	
Make/Model of Vehicle:		Licence # of Vehic	Licence # of Vehicle:	
Will door-to-door selli	ng occur?			
If "NO", what location	will selling take place from?	?		
Does Zoning Comply	?		_	
Articles to be sold:				
Describe the operation	on:			
Is your business:	Part Time?  (2-3 days per week) Fee: \$35.00	Full Time?  (4-7 days per week) Fee: \$75.00	Out of Town? ☐ Fee: \$150.00	
If your business is no	t ongoing, specify the period		to	
I hereby make application of the control of the con	ation for a Business Licence	in lieu of Business Ta	3X.	
			required under other Statutes ee to comply with all rules and	
			ing the same trade, business of	
Signature		Date	Fee	
· ·	TE: Food Dealers must obta			
Office Use:  Date Approved:		Authorizing		
Date of Expiration:		Signature:  Receipt Number:		