

Town of Davidson
Box 340, 206 Washington Avenue
Davidson, SK S0G 1A0
www.townofdavidson.com
Phone: 306-567-2040 Fax: 306-567-4730
Email: office@townofdavidson.com



BUSINESS LICENSE

APPLICATION

RENEWAL

General Business Information (Please Print)

Applicant Name: _____

Company Name: _____

Business Mailing Address: _____ City: _____ Postal Code: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Email: _____ Website: _____

Description of Business

Operating Name of Business: _____

Civic Address of Business: _____

Description of Business: _____

Number of Employees: _____ Business Start Date: _____

Owner Information

Owner Name: _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Email: _____ Website: _____

Type of Business

* Fees for licenses issued on or after July 1st will be reduced by 50%

- | | |
|--|---|
| <input type="checkbox"/> Home-Based \$ 50.00 | <input type="checkbox"/> Storefront Business \$ No Charge |
| <input type="checkbox"/> Contractor \$ 250.00 | <input type="checkbox"/> Direct Seller (Door to Door/Telephone/Internet Sales) \$ 100 |
| <input type="checkbox"/> Contractor (Self Employed- No Employees) \$ 100 | <input type="checkbox"/> Transient Trader \$ 100 |

I/We authorize the contact information and website address of the above business to be advertised on the Town of Davidson website. Yes No

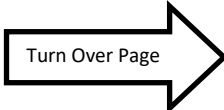
*The issuing of a license to a person by the Town of Davidson does not relieve the person of the responsibility to obtain any federal/provincial license that may be required by law. (Initial)

I hereby agree to comply with the Building, Business and Zoning Bylaws of the Town of Davidson and acknowledge that it is my responsibility to ensure compliance with these and any other applicable bylaws, provincial acts and regulations of any plan review or inspections that may or may not be carried out by the Town of Davidson or its authorized representative.

Applicant Signature: _____ Town Representative: _____

Date: _____ Fee Collected: _____ Business License No.: _____

Please return completed form to: Town of Davidson, Box 340, Davidson, SK S0G 1A0
Phone: 306-567-2040 Fax: 306-567-4730 Email: office@townofdavidson.com





As part of the Town of Davidson's commitment to assist its existing business base, the Town will be redesigning the current online business directory found on the Town's website. The new directory will feature more in-depth information about each business, along with the opportunity to showcase company logos and pictures that best depict our business community.

Online Directory Information (Please print)

Applicant Name: _____

Company Name: _____

Company Logo and Digital Photos

Please email your **company logo**, along with a maximum of **two digital photos** that best represent your company in .jpeg format to townofdavidson@sasktel.net.

I/We authorize the Town of Davidson to use our company logo and digital pictures on the Town of Davidson website for the purpose of promoting the Davidson business community. YES NO

Business Description (maximum 250 words)

Please tell us about your business, how long you've operated in Davidson, what products/services you provide and any other pertinent information that potential customers, residents or developers should know about your business.

Please return completed form to the **Town of Davidson** Box 340 Davidson, SK S0G 1A0
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