



Box 330  
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## DISTRICT OF HUDSON'S HOPE BUSINESS LICENCE BYLAW NO 504, 1994

### Business Licence Application Schedule "B"

I hereby apply for a business licence to carry on the business of: \_\_\_\_\_

\_\_\_\_\_

A copy of certificate, or approval through the Ministry of Health is required where applicable.

Schedule "A" Section: \_\_\_\_\_ Annual Fee: \_\_\_\_\_ Account Number Issued: \_\_\_\_\_

Described As: \_\_\_\_\_

Civic Address of Business: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

#### Non-Resident Applicants:

Driver's Licence Number: \_\_\_\_\_ Copy of Certificate (if applicable): \_\_\_\_\_

#### Approvals:

\_\_\_\_\_  
Clerk Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ministry of Health

\_\_\_\_\_  
Date