PO Box 1030
Unity, SK S0K 4L0
306-228-2621
fax 306-228-4221
townofunity@sasktel.net

Application for Business License (other than Home Based)

Business Name: _____ Owner's Name: _____

Civic Address: _____ Mailing Address: _____

Business Description : _____

Phone #: _____ Email: _____

Customer References:

(Relatives and/or employees not eligible)

1. Name: _____

   Phone #: _____

2. Name: _____

   Phone #: _____

PLEASE ATTACH APPLICABLE CERTIFICATES AND/OR LICENSES

DECLARATION: I, _____, representing _____
(print name) *(name of business)*
do hereby declare that I will abide by any and all rules and regulations as outlined in those laws including the Licensing Bylaw # 958-P-11 of the Town of Unity, the Zoning Bylaw #939-P-09, and the Traffic Bylaw #924-P-08, and any other of the laws of the Town of Unity and subsequent amendments. I understand that if I am purported by the Town of Unity and any of their agents to be in contravention of any law, that I will immediately forfeit my Business License and related fees, and that I may be subject to penalties associated with any such contravention.

_____ _____
Signature Date

---------- *For Office Use Only* ----------

Type of Business: _____ License Fee: _____

References Comments: _____

_____