



Business License Application

CLEAR HILLS COUNTY

Office Use Only
Date of Decision:
Business license No:

I/We hereby make application for a business license:

Application Information:		Complete if Different from Applicant	
Name of Applicant:		Name of Applicant:	
Address:		Address:	
Rural Address &/or Street Address:		Rural Address &/or Street Address:	
Email:		Email:	
Postal Code:	Telephone Number:	Postal Code:	Telephone Number:

Business Information:
Name of Proposed Business:
Description of Proposed Business:

Land Information:								
<i>Legal description of proposed development site:</i>								
QTR	SEC	TWP	RG	M	or	Registered Plan No.	Block	Lot

Signature of Application

Signature of Registered Landowner

Date

Date