



CITY OF BRANDON

410 9TH Street, Brandon, Manitoba, R7A 6A2

GENERAL BUSINESS LICENSE APPLICATION

NAME: _____

ADDRESS/CITY: _____

EMAIL: _____

POSTAL CODE: _____ **HOME PHONE NO.:** _____

BUSINESS NAME (if any): _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NO.: _____

NUMBER OF EMPLOYEES (full & part time): _____

TYPE OR NATURE OF BUSINESS: _____

OWNER OF BUSINESS (if different than above): _____

NOTE: A business license will authorize you to conduct business in the City of Brandon only and Provincial or Federal Licenses may also be required. Separate regulations may apply to the location of business within the City of Brandon.

Signature of Application

Date of Application

(License Department Use Only)

FEE DUE: _____

LICENSE NO./RECEIPT NO.: _____