



**BUSINESS LICENSE
APPLICATION FORM**

NAME: _____
(Please Print)

ADDRESS: _____

PROVINCIAL DIRECT SALES VENDOR LICENSE NUMBER (IF APPLICABLE): _____

Please provide a copy of your provincial direct seller's license or the approved identification card provided to the vendor pursuant to Section 10.1 of *The Direct Seller's Act*;

The nature of the business for which the license is required:

The location where the business is to be carried on:

Please indicate the number of staff in your employ: ____ Full time ____ Part time

Signature of Applicant

Date

FOR OFFICE USE ONLY:

Application Fee Paid on: _____ *(Date)* Receipt Number: _____

Business License Issued: _____ *(Date)* Business License Number: _____