

Inter-Municipal Business License Application – Short Form

For Office Use Only:

Application Date: _____ License Number: IM- _____ Fee: \$250

Inter-Municipal Business License Fee **\$250**

Please indicate which municipality the business currently has an annual business license in and include the amount you paid for the business license.

The City of Prince Albert \$ _____
 The Town of Duck Lake \$ _____
 The Town of Rosthern \$ _____
 The Town of Shellbrook \$ _____

Business License Number: _____ Customer ID: _____

Owner Name: _____

Business Name: _____

Address: _____

Unit #	Building#	Street Name	City	Province	Postal Code
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Phone: _____ Email: _____

Please circle the business category that applies:

Contractors, real estate agents, appraisers, direct sellers, beauty/aesthetics, DJs, event planners/promoters, consultants, caterers, massage therapists, photographers, pest control, drafting and design, graphic designers, moving and storage, surveyors, tow truck operators.

Forward the completed application to: Planning & Development Services
1084 Central Avenue
Prince Albert SK S6V 7P3

OR email application to solutions@citypa.com

This license will allow the business to operate in the following municipalities:

- The City of Prince Albert
- The Town of Duck Lake
- The Town of Rosthern
- The Town of Shellbrook

The business must comply with all bylaws, policies, etc. of the municipality that they are operating in.

The IMBL must be produced upon request when operating in any of the municipalities.

Applicant Name: _____

Applicant Signature: _____ Date: _____

For more information on licensing requirements, please call 306.953.4884 or visit our website at www.citypa.ca.

For Planning & Development Services Only:

Last Update: April 4/24

License # _____ CUST ID _____ IMBL _____ \$ _____ (10-00-000-00000-3006)

Requested By (Print Name): _____ Signature: _____

Approved By (Print Name): _____ Signature: _____

Payment Type: Cash Cheque Receipt #: _____ To be Invoiced E-transfer

For Financial Services Only:

Invoice #: _____ Date: _____

Initials: _____ Approval: _____