



**TOWN OF ROCKY MOUNTAIN HOUSE  
 BOX 1509, ROCKY MTN HOUSE AB T4T 1B2  
 PHONE:(403) 847-5260 FAX: (403) 845-1835**

**BY-LAW 11/06V**

**TEMPORARY BUSINESS LICENSE APPLICATION**

***(FOR TEMPORARY USE OF PUBLIC PROPERTY)***

APPLICATION: NEW RENEW START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

BUSINESS NAME:

MAILING ADDRESS:

POSTAL CODE:

TOWN/CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

TELEPHONE NUMBER:

OPERATED BY:

FAX NUMBER: \_\_\_\_\_ E:MAIL ADDRESS: \_\_\_\_\_

USE DESCRIPTION:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HOURS OF OPERATION:

BUSINESS LOCATION:

STREET ADDRESS:

DESCRIPTION:

PROVINCIAL LICENSE NUMBER

APPLICANT'S SIGNATURE:

.....OFFICE USE ONLY.....

PROVINCIAL LICENSE NO.

DEVELOPMENT PERMIT NO.

APPROVED:

REFUSED:

FEE: \$

D.O. SIGNATURE: