

City of Yellowknife Information Update for Non-Resident Business Licence

Business Name:		
Business Services Offered (Be Specific):		
Yellowknife Project Location:		
Business Email:	Bus. Ph:	
Main Office Street Address:		_
Mailing Address:		
Business Email:	Bus. Ph:	
Business Website:	Bus. Fax:	
Please answer the following questions regarding your business:	_	YES NO
Has the business been registered with WSCC?		
Does the business operate exclusively from one address?		
,		
City of Yellowknife - Online Directory Adverti		
The City of Yellowknife has an online Business Directory on its website that can displa Please include the following on the Business Directory (check those that apply):	y information	about your business.
Business Name, Telephone Number and Email address		
Business Address		
Do not publish information regarding my business on the online Busine	ss Directory	
Primary Business Owner's Contact Information (Please provide contact information)	ion for additi	onal owners if applicable)
Applicant's Name:		
Street Address: Mailing Address:		
Phone #'s Cell: Office:	Fax:	
Email:	- T d.x.	
Credit Card#	EXP:	CVS:
Applicant's Signature:	Invoi	ce:
Section 2 - Business no longer operating in Yello	wknife	
I/We as the owner of ,		
hereby delcare that the aforementioned Business is closed, in Yellowknife, effective		_
As my business is no longer operating in the City of Yellowknife, I am requesting that you close my City of Yellowknife		
Business Licence file. I understand that should I reopen this or any new business in the City of Yellowknife I will have to		
apply for a new Buisness Licence and remit applicable fees at that time.		
Primary Owner's Signature:	Date: _	
Where applicable		
Secondary Owner's Signature:	Date:	
OFFICE/CSR USE ONLY		
P/L#	_	hato: