



**BUSINESS LICENSE APPLICATION
OUT OF TOWN BUSINESS
Fee: \$190.00**

Name of Applicant(s): _____
Date of Birth: _____
Home Address: _____
City/Town: _____
Postal Code: _____
Telephone Number: _____

Name of Business: _____
Street Address: _____
City/Town: _____
Postal Code: _____
Phone Number: _____
Mailing Address: _____
Type of Business/Name of Product: _____

Police Department Approval: (as required) _____

I/WE HEREBY APPLY FOR A BUSINESS LICENSE IN ACCORDANCE WITH THE MUNICIPAL BYLAW TO CARRY ON BUSINESS WITHIN THE LIMITS OF THE TOWN OF RAYMOND, AN IF APPLICABLE, ANY OTHER PARTICIPATING MUNICIPALITY THAT IS A CO-SIGNATURE TO THE RECIPROCAL BUSINESS LICENSE MEMORANDUM OF UNDERSTANDING. I UNDERSTAND AND AUTHORIZE THE MUNICIPALITY TO CONDUCT A POLICE RECORDS CHECK IF SO REQUIRED BY THE MUNICIPALITY.

Date: _____

Applicant(s) Signatures: _____

****The personal information requested on this form is being collected for the administration and billing of the Town of Raymond, under the authority of the Municipal Government Act and is protected by the Freedom of Information and Protection of Privacy Act****