



LICENCE NUMBER \_\_\_\_\_

Schedule: A

By Law 07-0049

RURAL MUNICIPALITY OF GIMLI

Box 1246

Gimli, MB, R0C 1B0

Telephone: (204) 642-6650 Fax: (204) 642-6660

## BUSINESS LICENCE IN LIEU OF BUSINESS TAX

Name of Applicant:		Phone:
Name of Business:		Fax:
Mailing Address:		*email:
Mode of Transportation:		Vec. Lic. Plate #:
Type of Business: (describe in detail)	<b><u>Conditions:</u></b> ____Health Inspector Certificate (Food Venders) ____Property Owner Permission (Food Venders) ____Proof of Insurance (Food Venders / Contractor) ____Home Occupation Approval Letter	

I declare that I have obtained all necessary licences/permits etc, as required under other Statutes, Provincial and otherwise, to operate as the Business described above, and I agree to comply with all rules and regulations that are now in force, or hereafter may be in force respecting the same trade, business or calling.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fee

ISSUE DATE: \_\_\_\_\_

DATE OF EXPIRATION: December 31<sup>st</sup>, 2025

RM OFFICIAL SIGNATURE: \_\_\_\_\_

