



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) | Conditions: ___ 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 31st, 2024

RM OFFICIAL SIGNATURE: _____

