



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:		
(Taxi Service Provider) Mode of Transportation:		Vec. Lic. Plate #:
Type of Business: (describe in detail) and indicate if customers or clients will attend your home.	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, 2026**

RM OFFICIAL SIGNATURE: _____

RM OFFICIAL PRINT NAME: _____

