MUNICIPALITY OF CLYDE RIVER
P.O. BOX 89
CLYDE RIVER, NUNAVUT
X0A 0E0
PHONE: 867 – 924 – 6220 ext. 204
FAX: 867 – 924 – 6293
E-MAIL: cedo@clyderiver.ca

ᐃᐊᒻᒪᓚᒃᑯᑦ ᑲᖏᖅᑐᒫᐱᖏᑦ
ᑎᑎᖅᑲᑯᕕᖓ 89
ᑲᖏᖅᑐᒫᐱᒃ, ᓄᓇᕗᑦ
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"ᓇᓪᓕᐅᓐᓂᖅᓱᐅᖅᑐᑦ ᐊᕐᕌᒍᓂ 35ᓂ ᐃᐊᒻᒪᓚᐆᓕᕐᒪᑕ 1978-ᒥᑦ 2013-ᒧᑦ "Celebrating 35 years as a Hamlet 1978-2013"

APPLICATION FOR BUSINESS LICENCE

_____
NAME AND OCCUPATION

_____
BUSINESS NAME

_____
ADDRESS

I hereby apply for a Business Licence under the Business Licence By-Law for the purpose of carrying on the Business of: _____

_____

During the Fiscal Year ending March 31st, 20_____, at Clyde River, NUNAVUT

_____ _____
SIGNATURE **DATE**

- **WSCC CERTIFICATE OF COMPLIANCE**
- **TOURISM COMPLIANCE IF TOURISM OR HOTEL OR BED & BREAKFAST**
- **HEALTH COMPLIANCE IF FOOD SERVICES**
- **BUSINESS BY-LAW SCHEDULE 1: RESIDENTS FEE OF $100.00 AND NON-RESIDENCE FEE OF $250.00**

This application was _____ by the Municipal Council on _____
Signature of Senior Administrative Officer _____
Reason for Rejection: _____
Appeal to the Municipal Council of the Municipality of Clyde River, NUNAVUT
On _____ Day of _____, 20 _____