



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

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“ᑭᑦᑲᑦᑲᑦ ᑭᑦᑲᑦᑲᑦ 35ᑦ ᑭᑦᑲᑦᑲᑦ 1978-ᑭᑦ 2013-ᑭᑦ” *“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~~ \$500.00

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 _____