

Town of Alberton

Application for Business License

Name of Business:				
Location of Business:				
Type of Business:				
Proposed Business Hour	s:			
Days of Operation:				
Length of Time Expected to be		Year Round	Seasonal (ple	ease specify time period)
Date of Application:				
Signature:				

3 Emma Drive PO Box 153 Alberton, PE COB 1BO Canada

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