Local Government District of Pinawa				Telephone: (204) 753-5100		
< <u> * 111aiwa</u> >	P.O. Box 100 Pinawa, Manitoba	ROE 1LO		Fax: (204) 753-2770 www.pinawa.com		
MANITOBA*	- ,					
BUSINESS APPLICATION FOR LICENSE						
□ Home Based □ Transient T		ader	D Mobile			
The undersigned hereby applies for a License as follows:						
Name			Name of Business			
Mailing Address			Business Address			
Phone:			Email:			
Type of Pro	oduct:					
If Mobile V	ending Unit					
a) Health Ir	nspector's Certificate					
b) Proof of	Insurance					
I/We hereby apply for a Local Government District of Pinawa Business Licence in accordance with the particulars as						
above stated and declare that all statements made in the application are true and correct. I/We will abide by all the By-laws now in force or which hereafter come into force in the Local Government District of Pinawa. I/We will						
notify the Local Government District of Pinawa of any changes in the above stated particulars.						

Signature		Date
	FOR OFFICE USE C	
License Fee:	\$100	
Signature:		