

# BUSINESS LICENSE RENEWAL



Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Business License Fees:

Resident: \$50.00

Non-Resident: \$200.00

Name of Business: \_\_\_\_\_

Owner/Contact Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have there been any changes to the type of business operating? Yes  No

If the business is no longer in operation, please check this box

*If at any point there are changes to the type of business, location of business, contact information, etc. please notify the R.M. of St. Clements municipal office.*

**I hereby certify that I am renewing a Business License and understand that any false or misleading statements may cause my license to be suspended or revoked.**

Signature of Applicant(s): \_\_\_\_\_

(The above information may be added to the contact information on file.)

## **Form & payment can be submitted by the following:**

Mail: Box 2 Group 35 RR1  
East Selkirk, MB R0E 0M0

Email: [info@rmofstclements.com](mailto:info@rmofstclements.com)

Fax: 1-204-482-3098

In Person: 1043 Kittson Road, East Selkirk, MB  
After hours drop slot located in the back entrance door on the South side of the building.

## **For Office Use Only**

Valid for the \_\_\_\_\_ Calendar Year  
(Year)

Fee Received: \$ \_\_\_\_\_

Received by: \_\_\_\_\_

License No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Receipt No.: \_\_\_\_\_