Business License Application

Date of Application:		
Business Name:	Owner Name:	
P.O. Box #:	Civic Address:	
City/Town/Prov:	Postal Code:	
Phone:	Fax:	
Email:	Website:	
Check the box below that describes your bu	isiness:	
oxdot Owner of a commercial property in the To	own of Saltcoats	No Charge
Resident or ratepayer in the Town of Saltcoats		\$40.00
Resident or ratepayer in the R.M. of Salto		
Any other person or business		\$60.00
Pertaining to caterers, those that are not ratepayers of the Town of Saltcoats nor have additional occasion within calendar year (up	e a Saltcoats mailing address, first o to a total maximum of \$60.00)	ccasion \$25.00 ,
Website information: ☐ Yes, I would like my website to be include	ed in the Town of Saltcoats website	business listing.
If your business is located in the Town of Sa		_
Visual/Sound Impact:		
Odor Impact/Hazardous Products:		
Dangerous Equipment:		
Traffic Patterns:(nature of vehicles/times of operation, etc.)		
	Amended April 2	1, 2021, Motion #103-21

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