

Business License Application Form Deadline:

January 31 of each year

Town of Viking Box 369, 5120-45 Street, Viking, AB, T0B 4N0 Phone: 780-336-3466

Fax: 780-336-2660 Email: info.account@viking.ca

2025

Year:

Business License Application Form

Trade Name of Business:						
Business Contact Name or Owner:						
Mailing Address:						
Street Address:						
Business Telephone:						
Fax Number:						
Cell Phone:						
Business email:						
Web site:						
Social Media:						
Type of Business:						
Description of Business:						
Number of Persons Employed:						
Town of Viking Business Directory	Web Site					
☐ Yes! Include me on the Business Directory on the Town of Viking web site.		Your business will not be listed on the Town of Viking web site.				
NEW or RENEW for 2025! Business Directory Profile -See Business Directory information brochure			Yes! I want a Profile on the Town of Viking web site.		NO I'm not interested	
NEW or RENEW for 2025! Business Job Postings			Yes! I want to advertise my Job		NO I'm not interested	

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Busi	iness Directory	o list the above, I give the & Profile. I understand the din the Business Directo	e web site listing is for th	ne Year indicated on t	his application. Any cl	hanges to
Date:	e: Applicant N		Applicant Name:			
☐ License Fee Enclosed: \$50.00 Position:						
☐ New! Profile Fee Enclosed: \$100.00						
☐ New! Job Postings Fee Enclosed: \$50.00						
Compl	ete and returr	n to the Town of Viking	Administration office.	Address listed abov	ve.	
Town Us	se Only:					
Date F	Received:		License No.:		License	