



**FISHING LAKE METIS SETTLEMENT BUSINESS LICENSE APPLICATION**

*This application for a business license is under the provision of the Fishing Lake Metis Settlement By-law No.FLMS910017 (To establish and operate a permanent business within the Fishing Lake Metis Settlement area.)*

COMPANY NAME: \_\_\_\_\_

OWNERS OF COMPANY 1. \_\_\_\_\_ % \_\_\_\_\_

2. \_\_\_\_\_ % \_\_\_\_\_

3. \_\_\_\_\_ % \_\_\_\_\_

**\*Please Note\* It is mandatory to fill out all information on this application**

Incorporation No. \_\_\_\_\_, Expiring \_\_\_\_\_ 20 \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Prov. \_\_\_\_\_

Legal Land Description: \_\_\_\_\_

Daytime Telephone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Are you a Member of The Fishing Lake Metis Settlement? Yes \_\_\_\_\_ No \_\_\_\_\_

What kind of goods or services do you provide? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_ Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

**Fishing Lake Metis Settlement BUSINESS LICENSE APPLICATION PART 2**  
**List of trucks trailers and equipment used in your Business**

1. \_\_\_\_\_, Year \_\_\_\_\_ Plate \_\_\_\_\_  
VIN# \_\_\_\_\_ color \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. \_\_\_\_\_

2. \_\_\_\_\_, Year \_\_\_\_\_ Plate \_\_\_\_\_  
VIN# \_\_\_\_\_ color \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. \_\_\_\_\_

3. \_\_\_\_\_, Year \_\_\_\_\_ Plate \_\_\_\_\_  
VIN# \_\_\_\_\_ color \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. \_\_\_\_\_

4. \_\_\_\_\_, Year \_\_\_\_\_ Plate \_\_\_\_\_  
VIN# \_\_\_\_\_ color \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. \_\_\_\_\_

5. \_\_\_\_\_, Year \_\_\_\_\_ Plate \_\_\_\_\_  
VIN# \_\_\_\_\_ color \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. \_\_\_\_\_

6. \_\_\_\_\_, Year \_\_\_\_\_ Plate \_\_\_\_\_  
VIN# \_\_\_\_\_ color \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. \_\_\_\_\_

7. \_\_\_\_\_, Year \_\_\_\_\_ Plate \_\_\_\_\_  
VIN# \_\_\_\_\_ color \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. \_\_\_\_\_

8. \_\_\_\_\_, Year \_\_\_\_\_ Plate \_\_\_\_\_  
VIN# \_\_\_\_\_ color \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. \_\_\_\_\_

9. \_\_\_\_\_, Year \_\_\_\_\_ Plate \_\_\_\_\_  
VIN# \_\_\_\_\_ color \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. \_\_\_\_\_

10. \_\_\_\_\_, Year \_\_\_\_\_ Plate \_\_\_\_\_  
VIN# \_\_\_\_\_ color \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. \_\_\_\_\_

**If more than 10 please use back side of form**

Date: \_\_\_\_\_ Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_