

Town of Virden
Business License Application

Business Name: _____

Contact Person: _____

Position: _____

Telephone: _____ Fax: _____

E-mail: _____

Mailing Address: _____

Town: _____ Province: _____ Postal Code: _____

Type of business: _____

Business Base:

1. Virden
2. Wallace, Pipestone, Woodworth, Sifton, Oak Lake, Elkhorn
3. Other

Date: _____

Signature: _____