

**TOWN OF PONOKA
BUSINESS LICENSE AMENDMENT**



Current name of Business: _____

Amended name of Business: _____

Updated Contact Information:

Name of Business Owner: _____

Mailing address: _____

Phone number: _____ Fax number: _____

Cell number: _____

Email / weblink: _____

Business Service Address (located at): _____

Has this business closed during the Business License year? Yes _____ No _____

Name of Owner (please print)

Signature of owner

Date: _____

Please provide any additional information on the reverse side of this form

DEVELOPMENT SERVICES

200, 5604 50 Street, Ponoka AB T4J 1G5

Phone: 403-783-4431 Email: permits@ponoka.ca