



**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

Business License Application Form

Year: **2026**

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.	☐ NO Your business will not be listed on the Town of Viking web site.	
NEW or RENEW for 2026! 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 2026! Business Job Postings -Add at any time!	☐ Yes! I want to advertise my Job Postings.	☐ NO I'm not interested

- ☐ I hereby make application for a Business License to operate the above business within the Town of Viking and hereby certify that the above information is true.
- ☐ By checking Yes! to list the above, I give the Town of Viking permission to publicly list this business in their web site Business Directory & Profile. I understand the web site listing is for the Year indicated on this application. Any changes to the information listed in the Business Directory are the responsibility of the Business to provide updated information to the Town of Viking.

Date:		Applicant Name:	
☐ License Fee Enclosed: \$50.00		Position:	
☐ New! Profile Fee Enclosed: \$100.00			
☐ New! Job Postings Fee Enclosed: \$50.00			
Complete and return to the Town of Viking Administration office. Address listed above.			

Town Use Only:

Date Received:		License No.:		License Issuer:	
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