



CITY OF STEINBACH  
225 Reimer Ave  
Steinbach MB R5G 2J1  
T. 204.326.9877 F. 204.346.6235  
[www.steinbach.ca](http://www.steinbach.ca)

## Business Registration Application

Name of Applicant \_\_\_\_\_

Name of Business \_\_\_\_\_

Trade for which application is made \_\_\_\_\_

Place where trade is to be carried on \_\_\_\_\_

Total area of floor space occupied \_\_\_\_\_

Were premises previously occupied by another business \_\_\_\_\_

Opening date of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Civic Address \_\_\_\_\_

Phone Number (Bus.) \_\_\_\_\_ Phone Number (Res.) \_\_\_\_\_

Phone Number (Cell) \_\_\_\_\_ Fax Number \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

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### For City of Steinbach Office Use Only

Receipt Number \_\_\_\_\_

Business Roll Number \_\_\_\_\_

Previous Business Roll Number (if applicable) \_\_\_\_\_

Amount of Business Tax paid by previous business \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_