

**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*