

BUSINESS PERMIT APPLICATION

BUILDING INFORMATION:

OWNER OF BUILDING _____

STREET ADDRESS _____

PREVIOUS TENANT _____

BUSINESS INFORMATION:

LEGAL ENTITY NAME OF BUSINESS _____

TRADE NAME OF BUSINESS _____

MAILING ADDRESS OF BUSINESS _____

PHONE/CELL # _____ FAX# _____

EMAIL ADDRESS _____

TYPE OF BUSINESS _____

PROPOSED DATE OF OCCUPANCY _____

CONTACT PERSON _____

BUSINESS OWNER INFORMATION:

PRINCIPLE OWNER(S) OF BUSINESS (please print)

PRINCIPLE OWNER(S) SIGNATURE:

SIGNATURE(S)

DATE

Email: spaniardsbay@persona.ca

Fax: 709-786-7273