

TOWN OF O'LEARY
PO BOX 130
O'LEARY, PE
C0B 1VO

_____20_____

BUSINESS PERMIT APPLICATION

1. NAME AND ADDRESS OF APPLICANT:

Name: _____

Business name (if different): _____

Mailing address: _____

Physical address: _____

Business phone: _____ Home phone: _____

2. PROPERTY STATUS:

Property rented _____ Purchased _____ And from whom: _____

3. DESCRIBE PROPOSED BUSINESS:

4. DURATION OF OPERATION PERIOD: (include whether it is seasonal or permanent)

5. START DATE: _____

6. PLEASE PROVIDE A DIAGRAM OUTLINING PARKING FACILITIES:

PLEASE NOTE A \$5.00 FEE IS DUE BEFORE ISSUANCE OF PERMIT. CHEQUES SHOULD BE MADE PAYABLE TO TOWN OF O'LEARY AND MAILED TO PO BOX 130, O'LEARY, PE COB IV0 OR DELIVERED TO MUNICIPAL OFFICE AT 18 COMMUNITY STREET, O'LEARY.

DATE

SIGNATURE OF APPLICANT