

BUSINESS PERMIT APPLICATION

DATE _____

**TO: TOWN CLERK
TOWN OF ST. ANTHONY
87-95 WEST STREET
ST. ANTHONY NL A0K 4S0**

BUILDING INFORMATION

Owner of Building:

Street Address:

Previous Tenant (if applicable):

BUSINESS INFORMATION

Legal Entity Name of Business

Trade Name of Business

Mailing Address of Business

Telephone Number

Fax Number

Proposed Date of Occupancy

Contact Person

BUSINESS OWNER INFORMATION

**Name of Principal Owner/s of Business
(Please Print)**

Signature of Principal Owner/s of Business

OFFICE USE ONLY

Council Approval

Council Rejection

Permit Number

Date Issued