



## APPLICATION FORM FOR PERMIT TO OPERATE A BUSINESS

Legal Name of Company: \_\_\_\_\_

\_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

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

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

Business Location/Civic Address: \_\_\_\_\_

Tel. Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

The Nature of the Business:

<input type="checkbox"/> Hotel/Motel/Efficient Units	<input type="checkbox"/> Light Industrial
<input type="checkbox"/> General Commercial	<input type="checkbox"/> Retail
<input type="checkbox"/> Roadside Vendor	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Takeout/Restaurant	<input type="checkbox"/> Professional Office
<input type="checkbox"/> Homebased	<input type="checkbox"/> B&B
<input type="checkbox"/> Oil/Liquefied Petroleum Gas	<input type="checkbox"/> Utility
<input type="checkbox"/> Mining Quarry	<input type="checkbox"/> With no Assessed Value
<input type="checkbox"/> Other (Specify) _____	

Briefly Explain Your Business Activity: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby make application to operate a business under the above name in the Town of Long Harbour-Mount Arlington Heights. I declare all information is correct and the best of my belief.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Application**