

THE CORPORATION OF THE TOWN OF HEARST

Permit application - Business

I/We request a licence to operate _____

and/or sell _____

at No. _____, on _____ Street, in the Town of Hearst

Additional information _____

MADE at Hearst Ontario, this _____
Date

Telephone Number _____

Owner of business or president of
organisation (Block letters please)

Name of business, association, club, etc.

Address

Signature

For municipal purposes only

This request must be approved by: A B C D E F H I J

Approved by:

- A Community Health Inspector _____
- B Building Inspector _____
- C Clerk _____
- D Director of Parks & Recreation _____
- E Planning Director _____
- F Fire Chief _____
- H Electrical Inspector _____
- I Municipal Council _____
- J Senior By-law Officer _____

All conditions having been met, this application is hereby approved.

Licence Issuer

Licence prepared

Date