



The Town of Marystown

APPLICATION TO OPERATE A BUSINESS

P.O. Box 1118, Marystown, NL A0E 2M0

Applicant: _____

Civic Address: _____

Mailing Address: _____

Postal Code: _____

Telephone: _____
(Home) (Cell)

Business Name: _____

Civic Address of Business: _____

Mailing Address of Business: _____

Postal Code of Business: _____

Type of Business: _____

Operator's Name: _____

Total Floor Space to be Occupied: _____

Applicant's interest in building (Lessee, Owner) _____

Number of parking spaces: _____

Proposed means of access to site: _____

I hereby certify that the information in this application, to the best of my knowledge, is accurate and true.

Name (please print)

Signature

Date

Notes on completion of this form

1. This form is not valid unless all questions are answered correctly and the form signed and dated.
2. If you are not the owner of the building, permission is required from the owner.

Application / Processing Fee \$100.00

Permit Fee: \$100.00

Where Growth is a Way of Life