



APPLICATION FOR LICENCE

To Operate a Commercial Parking Lot

NEW LICENCE OR RENEWAL	Fee:
Applicant's Name:	Phone #:
Applicant's Address:	
No. _____ Street _____	
City _____ Prov. _____ Postal Code _____	
Address of Parking Lot:	
No. _____ Street _____	
City _____ Prov. _____ Postal Code _____	
Legal Description of Parking Lot:	
Name of Owner(s): or Corporation: and an Officer of Corporation:	
SIX (6) COPIES OF THE PLOT PLAN MUST BE SUBMITTED WITH ALL NEW APPLICATIONS	
I hereby agree to observe and comply with all requirements of By-law 2001-31 which pertain to the Licence for which I have made an application and to operate and conduct business in accordance with all respective statutes.	
NOTE: Additional Development/Permit Fees may be applicable. (ie. Sign, Plumbing, Building).	
Applicant's signature: _____	Date: _____

FOR OFFICE USE ONLY	
Application No.:	Licence No.:
Fire Department Approval:	Date:
Health Department Approval:	Date:
Zoning Approved by: (See Reverse)	Date:
Application Approved By:	Date Issued: