



THE TOWN OF
ST. ANTHONY

P.O. Box 430, St. Anthony, NL A0K 4S0

BUSINESS PERMIT APPLICATION

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	e-mail address
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

Note: Details on type of business and what products or services will be sold or offered:
