

BUSINESS PERMIT APPLICATION

TOWN OF CLARENVILLE

99 Pleasant Street

Clareville NL A5A 1V9

Phone: 709 466-7937 Fax: 709 466-2276

BUILDING INFORMATION

Owner of Building	_____
Street Address	_____
Previous Tenant	_____

BUSINESS INFORMATION

Legal Entity Name of Business	_____
Trade Name of Business	_____
Mailing Address of Business	_____

Phone Number	_____ Fax Number _____
Type of Business	_____
Proposed Date of Occupancy	_____
Contact Person	_____

BUSINESS OWNER INFORMATION

Principal Owner/s of Business (Please Print)	_____
Principal Owner/s Signature	_____

OFFICE USE ONLY

Council Approval	_____
Council Rejection	_____
Fire Chief Approval	_____
Prior to Occupancy Comments	_____

Business Class	_____
Permit Fee (if applicable)	_____
Renovations required at location?	_____
Assess Recorded	_____