

THE CORPORATION OF THE TOWNSHIP OF WHITE RIVER

102 Durham St., P.O. Box 307, White River, ON P0M 3G0

Phone: (807) 822-2450

Fax: (807) 822-2719

Record of Information – New Business

Name of New Business: _____

Name of Owner(s): _____

Business Address: _____

Business Telephone: _____ Fax: _____

Type of Business: _____

Start Date of Business: _____, 20_____

Owner's Signature: _____

For Office Use Only:

Business Property Tax Roll Number: _____

Business Licence Purchased on: _____, 20_____

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I, _____, of _____
(First and Last Name) (Business Name)

do hereby make application for a licence to carry on the business of

_____ at the
(Business Description)

following location: _____
(Business Address)

And hereby declare that I shall duly observe all such by-laws, rules and regulations, matters and things as are or may be enacted by the Council of the Township of White River, if such licence is granted.

Signed this _____ day of _____, 20____.

Applicant Name: _____

Signature: _____

For Office Use Only:

Approved: Declined:

Cost of Licence: _____

Municipal Representative: _____

Approved by:

Mayor: _____

Councillor: _____