TOWN OF SOURIS APPLICATION TO OPERATE A BUSINESS

| 1. | NAME OF APPLICANT |
|------|--|
| | PHONE NO. (BUSINESS)PHONE NO. (HOME) |
| | MAILING ADDRESS |
| 2. | BUSINESS TO BE OPERATED ON PROPERTY NO |
| | LOCATED ATAVE/STREET, SOURIS, PEI |
| | NAME OF PROPERTY OWNER |
| 3. | PRESENT USE OF BUILDING/STRUCTURE |
| 4. | PROPOSED USE (Give details of Business) |
| 5. | PRESENT ZONING OF PROPERTY |
| 6. | ARE STRUCTURAL ALTERATIONS/ADDITIONS TO BE UNDERTAKEN, OR REQUIRED TO THE BUILDING/PROPERTY YES NO IF YES, GIVE DETAILS OF INTERIOR AND EXTERIOR ALTERATIONS AND/OR ADDITIONS: |
| 7. | BUSINESS INFORMATION: HOURS OF OPERATION |
| | NAME OF BUSINESS |
| 8. | SIGNAGE ON PROPERTY (Give Details) |
| 9. | PARKING (Outline where parking is available on property, and specify number of parking spaces available |
| 10. | THE FEE FOR A BUSINESS PERMIT IS (\$20.00) AND IS PAYABLE WHEN PERMIT APPLICATION IS SUBMITTED. |
| | I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT. |
| DATE | : |
| SIGN | ATUDE OF ADDITIONIT |