



VILLAGE OF LINDEN

109 CENTRAL AVE EAST, LINDEN AB T0M 1J0 PH: (403) 546-3888 FAX: (403) 546-2112

BUSINESS PERMIT APPLICATION

I/We hereby make application for a Business Permit in accordance with the plans and supporting information submitted herewith and which form part of this application.

Business Owner Information:

APPLICANT: _____

ADDRESS: _____ POSTAL CODE: _____

TEL:(Res.)_____ (Bus.) _____ (Fax) _____

E-mail: _____

MUNICIPAL ADDRESS OF PROPERTY: _____

LEGAL DESCRIPTION OF PROPERTY: LOT ____ BLOCK: ____ PLAN: _____

LAND USE DISTRICT: _____

DESCRIBE EXISTING USE OF LAND: _____

DESCRIBE PROPOSED BUSINESS: _____

ESTIMATED COST OF DEVELOPMENT/RENOVATIONS: _____

ESTIMATED START DATE: _____

REGISTERED PROPERTY OWNER: _____

(if different than applicant)

ADDRESS: _____

TEL: (Res)_____ (Bus.) _____

Permission is hereby given to Applicant to operate a business from the premises indicated above.

SIGNATURE OF PROPERTY OWNER: _____ Date: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

This form shall be accompanied by:

- (a) Provincial license, if required.
- (b) Site plan

FOR ADMINISTRATIVE USE ONLY

Application #	_____	Tax Roll #	_____
Date Received	_____	Application Fee	_____
Initials	_____	(One time Fee)	