

Community of Tignish
TEMPORARY BUSINESS OR EVENT PERMIT APPLICATION

For Event:

Name of Organization Sponsoring the Event: _____

Chair or contact person: _____

Home Address: _____

Postal Code: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Business Address (if any): _____

Postal Code: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Description of Event being held:

Location of Event:

PID # of property on which or adjacent to which the event will be held:

Name of owner(s) of property on which or adjacent to which the event will be held:

Address: _____ Postal Code: _____

Phone No.: _____

Attendance:

Approximate number of people expected to attend the event on a daily basis: _____

Will Liquor be available at the event? Yes ___ No ___

Will minors be permitted access to the event? Yes ___ No ___

Time of Event:

From (date) _____ to (date) _____, 20____

Day(s) of week Event will be held: _____

Hours of Event: _____ (a.m./p.m.) to _____ (a.m./p.m.)

Signed: _____

Chair or contact person

Witness: _____

Date: _____