

**Community of Tignish
TEMPORARY BUSINESS OR EVENT PERMIT APPLICATION**

For Temporary Business:

Name of Business Proprietor: _____

Home Address: _____

Postal Code: _____

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

Business Address (if any): _____

Postal Code: _____

Description of goods to be sold: _____

Name(s) of person(s) operating the temporary business:

Address: _____ Postal Code: _____

Phone No.: _____

Location of temporary business: _____

PID # of property on which the temporary business will be operated: _____

Address: _____ Postal Code: _____

Phone No.: _____

Time of operation of temporary business:

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

Day(s) of week temporary business will be operated: _____

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

Signed: _____ Witness: _____

Business Proprietor

Date: _____, 20____