



Town of Heart's Delight - Islington Application to Operate a Business

Type of Business. _____

Location of Business Operation: _____

Owners Name: _____

Trade Name of Business: _____

Start up date: _____

Comments:

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Approved _____ Not Approved _____

Council Meeting Date: _____ Motion # _____