

**MUNICIPALITY OF MCDUGALL
BUSINESS REGISTER FORM**

Date: _____ New Business _____ Renewal _____

Name of Business _____

Ownership (name of Owner) _____

Ownership Address _____

Ownership Phone Number _____

Ownership Fax Number _____

Ownership Contact Person _____

Type of Business _____

Business Civic Address _____

Business Contact Person: _____

Business Mailing Address _____

e-mail contact _____

Website address _____

Business Phone No.: _____

Business Fax Number _____

I/We hereby register with the Municipality of McDougall the above noted business and agree to abide by all the rules and regulations of the Municipality of McDougall and the Province of Ontario.

Signature of Applicant

<u>REVIEW</u>	<u>COMMENTS</u>
CBO _____	_____
FIRE CHIEF _____	_____
P.W. SUPT. _____	_____
BY-LAW OFFICER _____	_____

Please attach a letter explaining the details of your business.