

Permit Number	
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SNOW REMOVAL PERMIT (Schedule "A" to Bylaw No. 19__)

This	s is to certify that	of
(Comp.		me)
		holds Business License
	(Address, City, Postal Code)	
Nun	nber in the City of North Battl	eford and is hereby permitted to operate snow
rem	oval equipment at the following locations:	
	Name of Business or Institution	Civic Address of Area to be Serviced
(atta	ch list if more space is needed)	
Con	ntact person for Contractor is:	
	(Name)	(All pertinent phone numbers)
1. 2.	Number of Vehicles being used by app Do you subcontract any of the work of so If yes, provide names of Subcontractors	snow removal? Yes / No
	Name of Subcontractor	Phone Number
	s permit is issued pursuant to The Noise n to to	Bylaw No. 19, Clause 11(a)(xvi) and is valid , 20
Date	e of Issue	Permit Fee \$ 50.00 (plus GST)
(Con	utractor/Company Representative Signature)	(City Representative Signature)