



# Town of Flatrock Business Application

## APPLICANT INFORMATION

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NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 CELL \_\_\_\_\_  
 EMAIL \_\_\_\_\_

## BUSINESS INFORMATION

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TYPE OF BUSINESS:  CONTRACTOR  HOME BASED OFFICE  
 CONSTRUCTION  QUARRY  
 DAY CARE  OTHER: \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
 BUSINESS OWNER(S) \_\_\_\_\_  
 INCORPORATION \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_  
 LAND ZONING \_\_\_\_\_  
 PARKING PLAN \_\_\_\_\_  
 HOURS OF OPERATION \_\_\_\_\_  
 BUSINESS INFORMATION \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## APPLICANT AGREEMENT

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I submit this application and confirm that the information supplied is to the best of my knowledge correct. I agree to comply with all Municipal Regulations and agree to develop in accordance with the plans approved by the Town of Flatrock. I understand that a discretionary use ad may be required, and that any cost related will be issued to me.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

## OFFICE USE

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DISCRETIONARY USE  YES  NO  
 PERMIT COST \$25.00  
 TOTAL \_\_\_\_\_

RECEIVED BY \_\_\_\_\_