

**MUNICIPALITY OF MURRYSVILLE
APPLICATION FOR COMMERCIAL OCCUPANCY**

Owner (Name): _____

Address: _____

Phone No.: _____ Emergency Phone No.: _____

Tax Parcel No.: _____

Name of Business: _____

Tenant (Name): _____ Date of Birth: _____

Address: _____

Type of Business: _____ No. of Employees: _____

Phone No.: _____

Contact Person: _____ Date of Birth: _____

Type and Size of Signs: _____

Number of Signs: _____ When Erected: _____

Sewage: Public _____ Private _____ Water: Public _____ Private _____

Gas: _____ Fuel Storage above or underground,
Gasoline, oil, propane, etc.: Yes: _____ No _____

If yes, please describe: _____

Normal Working Hours: _____

(Signature)

(Date)
