

New Application

Managed Property

Address: _____

Postal Code _____ # of Units _____

Type of Use _____

1. **PROPERTY MANAGER:** _____

Address: _____

Contact #: _____

Email Address: _____

2. **OWNER (ON TITLE):** _____

Address: _____

Contact #: _____

Email Address: _____

I hereby apply for a Business Licence and certify that the information provided above is correct and agree to comply with all relevant bylaws of The City of Delta

THE BUSINESS LICENCE IS NON-TRANSFERABLE, NON-REFUNDABLE, AND IS VOID ON CHANGE OF OWNERSHIP

Signature: _____

Date: _____

Print Name: _____

Real Estate Management
Business Licence #: _____

