



Approval to Operate

Name of Business _____

Business Description: _____

Business Owner Name _____

Mailing Address: _____

Municipal Address: _____

Lot _____ Block _____ Plan _____ Roll # _____

Telephone: _____ Fax: _____

Website: _____

Email: _____





Development Permit # _____ HBB 1 2 3 or Non Resident Initials _____

Certificate sent (Date): _____ On-line Business Directory _____

Contact us at:

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@INVESTPARKLAND

Please Return Completed Form to:

Planning & Development Services preceptionist@parklandcounty.com