

## **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: Real Estate Management Business Licence #:\_\_\_\_\_ Print Name:



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