



**CITY OF PORT COLBORNE
TRAILER CAMP APPLICATION
BY-LAW NO. 4321/157/02**

Business Name:	Licence Year
Business Address & Postal Code:	Bus. Phone:
Owner's Name:	Owner's Phone (if different):
Owner's Address & Postal Code:	

Please complete the following section and submit applicable payment:

NEW LICENCE: _____ RENEWAL LICENCE: _____ TRANSFER LICENCE: _____

TOTAL NUMBER OF LOTS _____ @ \$1.00 PER LOT TOTAL: _____ \$50 Minimum

I hereby agree to observe and comply with all regulations set out in By-Law No. 4321/157/02 and any amendments made thereto, which pertain to the Licence for which I have made this application.

DATE: _____ SIGNATURE: _____

AGENCY APPROVAL	DATE	SIGNATURE
Niagara Regional Police Services		
Chief Building Official		
Fire Department		
Planning & Development		
Regional Public Health Department		