



City of Regina

SNOW REMOVAL PERMIT

Permit Number

This is to certify that _____
(Company Name)

of _____ holds Business
(Address, City, Postal Code)

Licence Number _____ in the City of Regina and is hereby permitted to operate snow removal equipment at the following locations:

Name of Business or Institution	Civic Address of Area to be Served
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(attach list if more space is needed)

Contact Person for Contractor is:

_____ (Name) _____ (Phone Number)

- Number of Vehicles being used by applicant? _____
- Do you subcontract any of the work of snow removal to be done for you? Yes / No
If Yes, provide names of Subcontractors below:

Name of Subcontractor	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____

This permit is issued pursuant to Bylaw #6980, Section 9(c) and is valid from September 15 or Date of Issue to May 15, _____ .

Date of Issue _____ Permit Fee \$ _____

Branch Representative