

Day of Rest Order Application			
<b>Contact Person:</b>			
	Name	Phone number	Email
<b>Business Name:</b>			
<b>Business Address:</b>	Street Number and Name		Box/Suite
	City	Province/State	Postal Code/Zip
	<b>This is a:</b> New Order      Amendment or Renewal to Order# _____ (insert order number)		
<b>The Permit Affects:</b>	<b>Worksite Location</b> (if different than above)		
	<b>Type of Business</b>		
	<b>Who is Affected?</b> (all employees, specific section, department, etc.)		
	<b>Job Titles of Affected Employees</b>		
	<b>If any, how many of the affected employees are under the age of 16:</b> _____		
	<b>Employees are Represented by a Union:</b> Yes      No		
<b>√ all that apply:</b>	The business operates only part of the year. Explain:	A weekly day of rest is an undue hardship to the business. Explain:	

