



BUSINESS APPLICATION FORM

Town of Grand Falls-Windsor

P.O. Box 439
Economic Development Department
2nd Floor Town Hall
5 High Street
Grand Falls-Windsor, Newfoundland A2A 2J8

Telephone (709) 489-0483

Fax (709) 489-0465

APPLICANT TO COMPLETE ALL APPLICABLE SECTIONS AS INDICATED

1. BUSINESS PROPERTY INFORMATION *(To be completed by Applicant)*

STREET ADDRESS / LOCATION: _____
APPLICATION TYPE (Check One) : Y Commercial/Industrial Y Home Based Business
Note: The fee for a Home Based Business Permit is \$25.00 which is payable upon receipt of the Permit

2. APPLICANT INFORMATION *(To be completed by the Applicant)*

Applicant: _____ Property Owner(s): _____
Mailing Address: _____ Mailing Address: _____

Postal Code: _____ Postal Code: _____
Telephone: (Home) _____ (Work) _____ Telephone: (Home) _____ (Work) _____
(Fax) _____ (Cellular) _____ (Fax) _____ (Cellular) _____

3. BUSINESS DESCRIPTION *(To be completed by Applicant)*

Please provide a general description of your proposal.
(Attach any additional materials, maps, correspondence, surveys, plans, etc.)

- a) Floor Area: _____ c) Number of On-Site Parking Spaces: _____ (If applicable)
- b) Lot Area: _____ d) Number of Employees: _____ (If applicable)
- e) Legal Name of Business: _____
- f) Trade Name of Business: _____
- g) Proposed Start-up Date: _____
- h) Form of Business (Check one): Y Limited Y Partnership Y Proprietorship

Activity at Location (e.g. Mail order, Service based, etc.) You may attach additional information.

Type of Development (Check One):
a) Y New Construction
b) Y Renovation/Repairs
c) Y Other: _____

I hereby submit this application and confirm that the information supplied is correct. I agree to comply with all Town Regulations & By-Laws, also I acknowledge that I have reviewed this application and agree to provide any additional information as requested.

Applicant: _____ Date: _____

For Office Use Only

Zoning: _____ Type of Business: _____ Checked By: _____ Date: _____
Permit Granted: _____ Permit Refused: _____
Variance: _____ Discretionary Use: _____
Comments: _____
Signature: _____ Date: _____