



**Community Development Department**

**BUSINESS APPLICATION**

OFFICE USE ONLY:

**SECTION 1**

Business Name

FILE #

Civic Address

Roll #

Parcel ID #

Lot #

**CONTACT INFORMATION (to be completed by the applicant)**

**SECTION 2**

Business Name: \_\_\_\_\_ Operator Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: (Work) \_\_\_\_\_ Telephone: (Home) \_\_\_\_\_  
 (Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

**BUSINESS INFORMATION**

**SECTION 3**

**Business Location**  
 Occupy Existing Space  Renovate  New Building  Mobile Business   
 Applicant interest in building/land Owner  Lessee  Other   
**Nature of Business/Details** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Business Description Commercial  Industrial  Other   
 Days/Hours of Operation \_\_\_\_\_  
 Incorporated (if applicable) Registration # \_\_\_\_\_ Registration Date \_\_\_\_\_  
 Shareholders (if applicable) \_\_\_\_\_  
 Existing Property Use Residential  Commercial  Vacant  Other   
 Size of Property (attach legal survey) Frontage \_\_\_\_\_ m Depth \_\_\_\_\_ m Area \_\_\_\_\_ m<sup>2</sup>  
 Total Floor Space \_\_\_\_\_ m<sup>2</sup> Parking Spaces \_\_\_\_\_

**APPLICANT SIGNATURE OF AGREEMENT**

**SECTION 4**

I hereby acknowledge that I have been advised of the Town's **Business Tax Incentive Program** and understand that if I choose to apply, I must do so prior to permit to operate being issued for my business.

I hereby submit this application and confirm that the information supplied is, to the best of my knowledge, correct. I agree to comply with all Town Regulations and By-laws, agree to develop in accordance with the plans approved by the Town of Conception Bay South, and, not to commence development without written approval and permits from the Town of Conception Bay South. In addition, I acknowledge that I have reviewed this application and agree to provide any additional information requested.  
**NOTE: Where the applicant and property owner are not the same, the SIGNATURE of the Property Owner will be required before the application can be accepted for processing.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
 Received by: \_\_\_\_\_ Date: \_\_\_\_\_

PROCESSING FEE **\$200.00**

RECEIPT # \_\_\_\_\_

**REFERRALS (if applicable)**

Service NL - Building Accessibility

Service NL – Environmental Protection

Service NL - Fire and Life Safety

Fire Department

Service NL - Environmental Health

Other: \_\_\_\_\_

**TAX CLEARANCE**

Date \_\_\_\_\_

Signature \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

**Advertising Fees (if applicable)**

Variance Fee \_\_\_\_\_

Discretionary Use Fee \_\_\_\_\_

Advertising Cost \_\_\_\_\_

TOTAL \_\_\_\_\_

RECEIPT # \_\_\_\_\_

**Fees/Payments Required**

Permit Fee \_\_\_\_\_

Occupancy Inspection Deposit (if applicable) \_\_\_\_\_

Occupancy Inspection Fee \_\_\_\_\_

Other Fees (if applicable) \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**RECEIPT #** \_\_\_\_\_