



BUSINESS APPLICATION

Town of Wabana
P.O. Box 1229
Bell Island, NL
A0A 4H0
Tel.(709)488-2990 Fax: 488-3181
Website: www.bellisland.net

1. APPLICANT(S):

NAME OF APPLICANT(S)		
MAILING ADDRESS (P.O. BOX)	STREET ADDRESS	CITY/TOWN
POSTAL CODE	TELEPHONE	FAX

2. LOCATION OF BUSINESS:

STREET ADDRESS:		
ADDRESS (P.O. BOX)		
POSTAL CODE	TELEPHONE	FAX

3. BUSINESS DESCRIPTION:

PLEASE DESCRIBE PROPOSED BUSINESS:	
(A) <input type="checkbox"/> OFFICE	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER (EXPLAIN): _____
(B) <input type="checkbox"/> HOME BASED BUSINESS, IF YES PLEASE ANSWER (G), (H), (I)	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> APARTMENT
(C)	NUMBER OF OFF STREET PARKING SPACES: _____
(D)	WHAT HOURS WILL YOUR BUSINESS BE OPERATING? _____
(E)	WHAT EQUIPMENT OR MATERIALS WILL YOU USE IN YOUR BUSINESS? _____
(F)	NUMBER OF EMPLOYEES: _____
(G)	WHAT IS YOUR HOME'S TOTAL FLOOR SPACE? _____ FT ² HOW MUCH FLOOR SPACE WILL BE USED FOR BUSINESS PURPOSES? _____ FT ²
(H)	WILL THERE BE SIGNAGE ON THE PROPERTY? IF YES, WHAT ARE THE DIMENSIONS? _____ X _____
(I)	WILL YOU BE USING YOUR GARAGE? _____

4. DESCRIPTION OF BUSINESS WORK:

NOTE: If you are not the owner of the property, you must obtain a letter of permission from the property owner.

I, We, _____, the applicant(s) named herein, do solemnly declare the statements herein contained in this application are true and made with a full knowledge of the circumstances connected with the same. I/we make this solemn declaration, conscientiously believing it to be true and with the full knowledge of the property owner, and knowing that it is of the same force and effect as if made under oath.

Signature: _____ Date: _____
Signature: _____ Date: _____

Dated at _____ this _____ day of _____ 20 _____
(City/Town) (Month) (Year)

Witness

(Applicant's Signature) TO BE SIGNED BY THE APPLICANT ONLY