Town of George's Brook-Milton

Municipal Offices, 149 Trinity Drive, GEORGE'S BROOK-MILTON, NL A5A 0L4 1 (709) 466-4488

clerk@townofgbm.com

APPLICATION for DISCRECTIONARY BUSINESS USE

| BUSINESS INFORMATION: | | | | |
|---------------------------------------|-------------------------|---------------------|--------------------------|-----------------|
| Civic Address of property for bus | siness use: | | | |
| | | | Postal code_ | |
| Corporate Name: | | | | |
| Trade name: | | | | |
| Mailing address: | | | | |
| | | | | |
| Contact person: | | | | |
| Telephone (Home): | | (Work): | (Cell): | |
| E-mail: | | CRA number: | | |
| Gross Annual Revenue/Projected | d Gross Annu | ual Revenue (\$)_ | | |
| Initial occupancy date (dd/mm/y | /yyy) | | | |
| Initial trading date (dd/mm/yyyy | y) | | | |
| Nature of business (check all that | t apply): | | | |
| ☐ Accommodation ☐ Workshop/production | ☐ Office n/performan | ☐ Retail ce area | ☐ Warehouse | ☐ Licensed |
| Other (details) | | | | |
| Will the property have any reside | ential use by | the business ow | vner? □ Yes | □ No |
| Please provide a short descriptio | on of the bus | iness operation/ | s (hours of operation, c | apacity, etc.): |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Please provide copies of all Federal and Provincial approvals relevant to your sector/business (e.g |
|---|
| Provincial Department of Health, Regional Fire Department, etc.) |

I hereby acknowledge that I have read this application and state that the information contained

DECLARATION

| herein is correct. | |
|---------------------------------|--|
| Signature of Applicant: | |
| Full name of applicant signing: | |
| Date (dd-mm-yyyy): | |

Being granted permission by the Town of George's Brook-Milton does not relieve the applicant from complying with all Municipal Bylaws, Provincial legislation or Federal legislation.

PRIVACY NOTICE:

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of processing the above application

PLEASE RETURN THE COMPLETED FORM TO THE ADDRESS/E-MAIL ABOVE