



BUSINESS APPLICATION FORM

Town of Burin

P, O. Box 370

Burin, NL A0E 1E0

Telephone (709) 891-1760 Fax (709) 891-2069

Application # _____

APPLICANT TO COMPLETE ALL APPLICABLE SECTIONS AS INDICATED

1. BUSINESS PROPERTY INFORMATION (To be completed by applicant).

STREET ADDRESS / LOCATION _____

APPLICATION TYPE (Check One) _____ Commercial/Industrial _____ Home Based Business

2 APPLICANT INFORMATION (To be completed by the Applicant)

Applicant: _____

Mailing Address: _____

Telephone:(Home)_____ (Work) _____ (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 Packing 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): _____ Limited _____ Partnership _____ Proprietorship

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

Type of Development (Check One):

- a) _____ New Construction
- b) _____ Renovation/Repairs
- c) _____ 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: _____