

Application to Operate a Business

APPLICANT INFORMATION:

Applicant Name: _____

Mailing Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Fax: _____

Email Address: _____

Property Owner: _____

BUSINESS INFORMATION:

Business Address: _____ Postal Code: _____

Business Trade Name: _____ Business Legal Name: _____

Business Description: _____

**Additional information may be included in a separate document.*

Home office: Yes No

A home office is a secondary use of a dwelling by at least one of the residents of such dwelling unit to conduct a gainful occupation or business activity with such occupation or business activity being restricted to office uses which does not involve visitation by clients, customers, or the general public to the site, nor the employment of non-residents, and subsidiary to the residential use.

Official Start Date: _____

Size and Location of Space Being Used: _____

Number of Employees: _____ Full-Time: _____ Part-Time: _____

Is this Business Registered with: Provincial Government Federal Government

Non-Profit Organization: Yes No

Will there be any construction work required (includes renovations, additions, electrical, etc.)? Yes No

**If YES, a separate building/development application must be submitted. **

I, _____ of _____ in the Province of Newfoundland and Labrador, solemnly declare that the plans, specifications, and statements herein conform to the requirements of the Town of Witless Bay and are made with full knowledge of the circumstances connected with same. I declare that all regulations will be complied with now in force or which may hereafter come into force in the Town of Witless Bay, whether specified herein or not. I make this solemn declaration, knowing that it is of the same force and effect as if made under oath.

Date

Applicant Signature

Date

Property Owner Signature (If property is not owned by Applicant)

PLEASE NOTE: APPLICATIONS WILL NOT BE CONSIDERED UNLESS ALL REQUIRED INFORMATION AND SUPPORTING DOCUMENTATION ARE PROVIDED.

BUSINESS TYPE (please select):

<input type="checkbox"/>	Antiques	<input type="checkbox"/>	Vehicle Sales
<input type="checkbox"/>	Funeral Home	<input type="checkbox"/>	Food Services/Catering
<input type="checkbox"/>	Pet Services	<input type="checkbox"/>	Brokerage
<input type="checkbox"/>	Accounting/Bookkeeping/Tax Preparation	<input type="checkbox"/>	Recycling
<input type="checkbox"/>	Farming	<input type="checkbox"/>	Bakery
<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	Home Décor/Party Décor
<input type="checkbox"/>	Home Office	<input type="checkbox"/>	Recording/Music Studio
<input type="checkbox"/>	General Contracting	<input type="checkbox"/>	Salon/Spa/Barber Shop
<input type="checkbox"/>	Retail Sales/Merchandising	<input type="checkbox"/>	Cleaning Services
<input type="checkbox"/>	Bars/Lounges/Taverns/Pubs	<input type="checkbox"/>	Service Station
<input type="checkbox"/>	Grocery Store /Restaurant/Take-out	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Consulting	<input type="checkbox"/>	Computer/Software/Electronics
<input type="checkbox"/>	Roadside Vendor	<input type="checkbox"/>	Tourist Accommodations - # of Rooms _____
<input type="checkbox"/>	Childcare (# of children? _____)	<input type="checkbox"/>	Tour Operator
<input type="checkbox"/>	Vehicle Maintenance	<input type="checkbox"/>	Music / Dance Studio
<input type="checkbox"/>	Industrial Supplies	<input type="checkbox"/>	Courier/Deliveries
<input type="checkbox"/>	Signage/Graphics/Printing	<input type="checkbox"/>	Dentist
<input type="checkbox"/>	Construction/Excavating/Trucking/ Land Development	<input type="checkbox"/>	Optical
<input type="checkbox"/>	Self-Storage	<input type="checkbox"/>	Transportation Service (cabs, limos, buses, etc.)
<input type="checkbox"/>	Property Maintenance/Landscaping	<input type="checkbox"/>	Decorating/Sewing/Floral
<input type="checkbox"/>	Financial	<input type="checkbox"/>	Pharmacy
<input type="checkbox"/>	Woodworking	<input type="checkbox"/>	Fabrication
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Physio/Message Therapy

Days and hours of Operation: _____

Are there planned improvements to the existing structure? If so, please provide details:

APPLICANT SIGNATURE OF AGREEMENT:

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 Municipal Regulations and agree to develop in accordance with the plans approved by the municipality, and not to commence development without applicable written approval and permits from the Town of Witless Bay.

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.

**IMPORTANT- Any cost(s) incurred by the Town will be billed back to the owner (example: Discretionary Use or Variance Advertisement)*

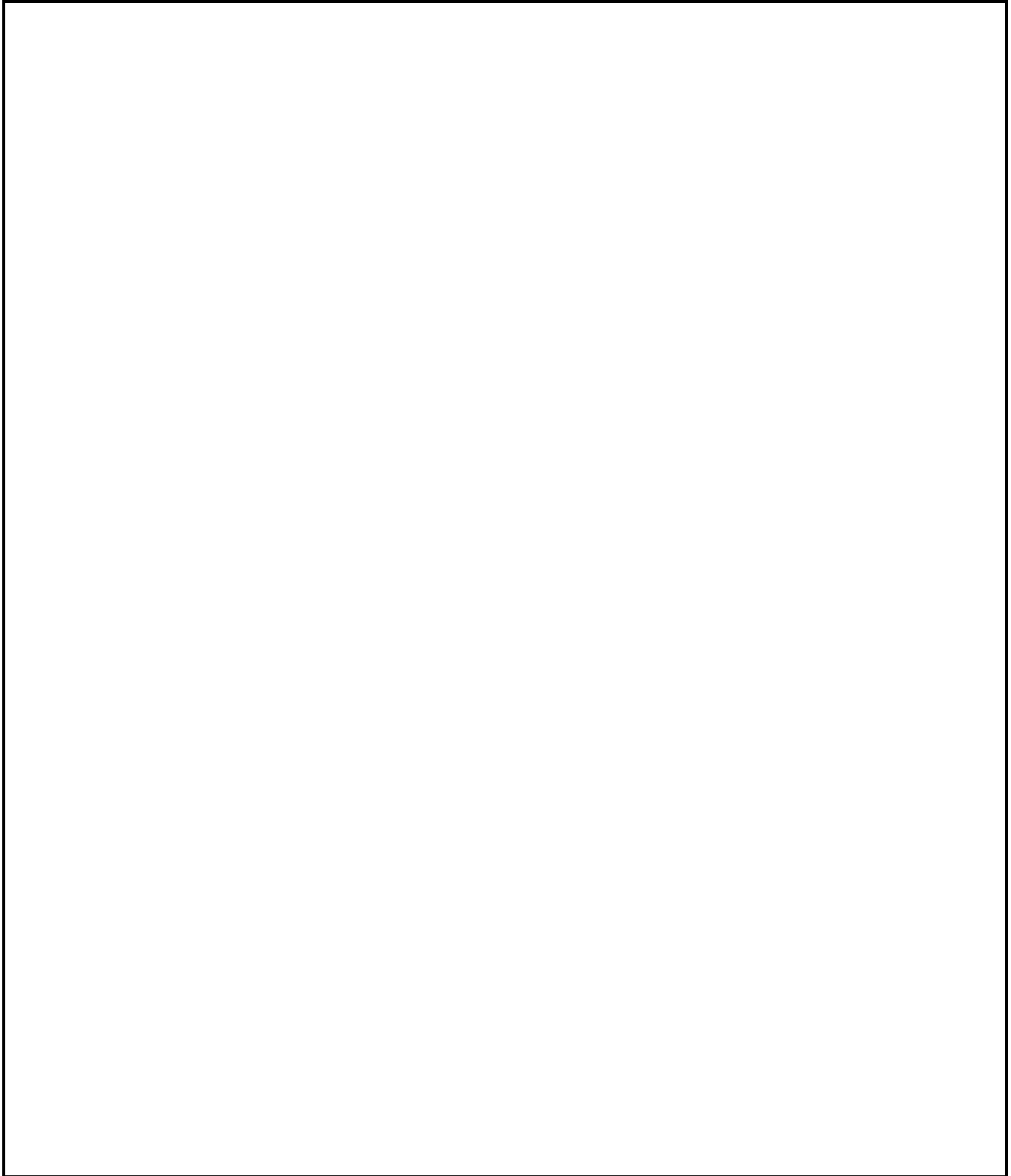
Applicant Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

Would you like to be included in the Town's Business Directory? Yes: No:

MANDATORY SECTION Use the space below to provide a sketch/schematic that shows:

- dimensions, location, and shape of the property as well as the adjacent properties.
- any relevant features such as parking spaces, accessibility measures, access road(s), etc.
- sketch the preliminary floor plan of the business with measurements and descriptions.



PLEASE REVIEW & SIGN

Collection, Use and Disclosure of Personal Information

Personal information means recorded information about an identifiable individual, including the individual's name, address, or telephone number. The full definition of personal information can be found in Section 2 (u) of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA).

We may collect and retain personal information for several reasons, including:

- Permit Applications
- To communicate with you
- Tax collection

Any personal information will be collected in compliance with ATIPPA. Information will only be used for the intended purpose, or another use authorized by ATIPPA.

You should be aware that under these guidelines, personal information you provide may be disclosed in the following documents:

- An Access to Information Request, where the disclosure would not be an unreasonable invasion of privacy.
- As per Section 50 of the *Towns and Local Service Districts Act*, the following documents shall be made available for public inspection during the normal business hours:
 - a) adopted minutes of the council
 - b) assessment rolls
 - c) regulations
 - d) municipal plans
 - e) opened public tenders
 - f) financial statements
 - g) auditor's reports
 - h) adopted budgets
 - i) contracts
 - j) orders
 - k) permits; and
 - l) Rep. by 2000 c16 s2
 - m) all other documents tabled or adopted by council at a public meeting.

If you do not wish to have your personal information disclosed, please indicate this in your correspondence. We cannot guarantee the information will not be disclosed.

Appeals:

- Any interested party has a right to appeal a decision of Council to the Appeal Officer, Department of Municipal and Affairs, P.O. Box 8700 St. John's NL A1B 4J6, within 14 days of the date of the decision of Council.

Signing of this document provides acknowledgement that you have read and understand the requirements of the ATIPPA legislation as well as the Town's application and permit process.

Print Name: _____

Signature: _____

Date: _____