

BUSINESS PERMIT APPLICATION

OFFICE USE ONLY
Date Rec'd:
лоtion #:
Permit #:
ee: \$ <u>25.00</u>
Receipt #:
Approved Declined D

APPLICANT CONTACT INFORMATION								
Name:					Phone:			
Mailing Ad								
Email:								
TYPE OF PROPOSED BUSINESS								
Name of B	usiness:							
-	Describe Your Business:							
Business N	lumber:					_		
						_		
BED AND BREAKFAST OPERATION ONLY COMPLETE THIS SECTION								
Number of Rooms available?								
Will alcoho	ol be sold o	on the pi	remises?					
Will the B&B operate year-round?								
Expected opening and closing dates (if seasonal)								
			ADDITION	AL INFORM	ATION			
Does your business require the construction of a								
separate building, extension or renovation of an								
existing building? If yes, please complete the Building								
Permit and s								
What equipment/materials will you use in your								
business? Where will the equipment/materials								
be stored?								
What will be the hours of operation? Will the								
business operate year-round or seasonal?								
How often will customers come to your home								
regarding your business?								
How many employees will the business have? Will business require signage?								
Will your business require onsite parking? If yes please provide a drawing of parking area				,				
showing all parking spaces.								
Expected start-up date for the business.								

OTHER INFORMAITON						
<u> </u>						
Floor plan / Diagram (if applicable)						
DECLARATION STATEMENT: In the Province of Newfoundland and Labrador, I do swithin this application are true and made with full known affirm that the location survey and plot plan submitted described in this application. I agree to comply with a strictly in accordance with the business plans approve without the required written approval and/or permit application and confirm that I have read and fully und declaration believing it to be true and knowing that it to bath.	owledge of all circumstances related thereto. I ed accurately identify the location of the business all Town of Sandringham regulations, to operate ed by the Town, and to refrain from operating issued by the Town. I hereby submit this derstand this Declaration . I make this solemn					
Witness Signature:	Date:					
Applicant's Signature:	Date:					