



**TOWN OF WHITBOURNE**  
**(Inc. 1968)**  
**P O Box 119**  
**35 Station Road**  
**Whitbourne, NL, A0B-3K0**  
**Office: 759-2780 or Fax: 759-2016**  
[Whit.towncouncil@eastlink.ca](mailto:Whit.towncouncil@eastlink.ca)

---

**APPLICATION FORM FOR A PERMIT TO OPERATE A HOME BASED/MOBILE BUSINESS**

Business Name:	_____	Applicant(s)Name:	_____
Business Address:	_____	Mailing Address:	_____
	_____		_____
Postal Code:	_____	Postal Code:	_____
Telephone:	_____	Telephone:	_____
Fax:	_____	Fax:	_____
E-mail:	_____	E-mail:	_____

---

Location of Property: \_\_\_\_\_

Description of Home Based/Mobile Business : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Days and hours of business operations: \_\_\_\_\_

Size of dwelling: \_\_\_\_\_ m<sup>2</sup>    Number of storey's: \_\_\_\_\_

Area occupied by Home Based/Mobile Business (dedicated area or multi-purpose area of dwelling): \_\_\_\_\_ m<sup>2</sup>  
(Attach floor plan illustrating location and dimensions of home based/mobile business within the dwelling).

The nature of the business:

A: Service

B: Light Industrial

C: Commercial

Will an accessory building and / or garage be used for the business:  No  Yes

Will people come to your home regarding business?  No  Yes If yes, \_\_\_\_visits per day.

Is signage proposed for the Home Based/Mobile Business:  No  Yes If yes, please indicated  
location & size of sign: \_\_\_\_\_

I \_\_\_\_\_ hereby make an application to operate a business under the above name  
in the Town of Whitbourne. I declare that all information is correct to the best of my belief.

Note: Where the Applicant and the Property Owner are **not** the same, the signature of the Property Owner is  
required **before** the application can be accepted for processing.