



(Inc. 1968)

**TOWN OF WHITBOURNE**

**P O Box 119**

**35 Station Road**

**Whitbourne, NL, A0B-3K0**

**Office: (709)759-2780 or Fax: (709)759-2016**

**whit.towncouncil@eastlink.ca**

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**Application form for a permit to operate a business**

**Legal Name of Company:** \_\_\_\_\_

Company mailing address: \_\_\_\_\_

Company Civic address: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of business the company will offer:

\_\_\_\_\_  
\_\_\_\_\_

The nature of the business:

- A: Service
- B: Light Industrial
- C: Commercial

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.