



**WABUSH**

Town of Wabush  
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Wabush, NL  
AOR 1B0

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### BUSINESS APPLICATION FORM

#### BUSINESS LOCATION INFORMATION:

CIVIC NUMBER:

STREET NAME:

DATE: (mm/dd/yyyy)

BUSINESS NAME:

CONTACT PERSON:

MAILING ADDRESS:

TELEPHONE:

(HOME)

(WORK)

(FAX)

(CELL)

PROPERTY OWNER (Same as above ☐ or):

CONTACT PERSON:

MAILING ADDRESS:

TELEPHONE:

(HOME)

(WORK)

(FAX)

(CELL)

Email: \_\_\_\_\_

#### TYPE OF BUSINESS:

HOME BASED BUSINESS

☐

NEW BUSINESS

☐

COMMERCIAL/INDUSTRIAL

☐

OTHER (please specify)

☐

Please describe in detail the nature and intent of your business of the premises:

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

\*\*\*\*\*

**FEE: There will be a non-refundable application fee of \$50**

I (we), \_\_\_\_\_, the applicant(s) named herein, do solemnly declare the statements herein contained in this application are true and made with a full knowledge of the circumstances connected with the same, that the location of the business described in the said application. I (we) make this solemn declaration, conscientiously believing it to be true and with the full knowledge of the property owner, and knowing that it is of the same force and effect as if made under oath.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_