



Town of Lewisporte  
 152 Main Street, P.O. Box 219  
 Lewisporte, NL A0G 3A0  
 T. 709-535-2737  
 F. 709-535- 2695  
 Email: info@lewisportecanada.com

**BUSINESS OCCUPANCY APPLICATION**

Street Address / Location: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Fax): \_\_\_\_\_

General Description of Business (attach any additional materials, maps, correspondence, surveys, plans, etc.)

a) Floor Area: \_\_\_\_\_ b) Lot Area: \_\_\_\_\_

c) Available parking spaces: \_\_\_\_\_ d) Number of Employees: \_\_\_\_\_

e) Legal Name of Business: \_\_\_\_\_

f) Trade Name of Business: \_\_\_\_\_

g) Proposed Start-Up Date: \_\_\_\_\_

h) Form of Business (check one):  Limited  Partnership  Proprietorship

Activity at Location (type of business including materials to be used):

\_\_\_\_\_

Type of Development (check one):

a)  New Construction

b)  Tenant Change

Are all Government Services and Lands approvals and permits attached?  Yes  No  
 (Permit will not be granted without all required approvals)

Note: The Business Occupancy Permit Fee is payable upon receipt of the Permit.

**I hereby submit this application and confirm the information to be correct. I agree to comply with all Town Regulations and By-Laws, and to obtain all related permits or licenses (Building, Fire Inspector, etc.); also, I acknowledge that I have reviewed this application and agree to provide any additional information as requested.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (if different from Applicant)

**For Office Use Only**

Zoning: \_\_\_\_\_ Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Granted (date): \_\_\_\_\_ Refused: \_\_\_\_\_

Variance: \_\_\_\_\_ Discretionary Use: \_\_\_\_\_

Comments: \_\_\_\_\_

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