



Municipality of Bauline  
 2 Memorial Park Place  
 Bauline, NL A1K 0M5  
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## BUSINESS PERMIT APPLICATION

Owner(s) Name(s):

Date of Application:

Business Start Date:

Phone:

Current address of Owner(s):

City:

Province:

Postal Code:

Business Name: (include incorporated name or LTD name also Trade Name if different)

This application is for:  
 (check all that apply)

New Business:

Change Ownership:

Change Name:

Type of proposed  
 business:

Home Based:

Commercial/Industrial:

Non Resident:

Nature of Business:

(Describe nature of business and Use of Premises)

# of Square Meters:

Proposed address of business:

Mailing Address of Proposed business:

Phone:

E-mail:

Fax:

Are you constructing a new building? NO

YES  Development Permit is required

Are you renovating or altering the premises? NO

YES  Development Permit is required

Are you installing a sign? NO

YES  Sign Permit is required

**NOTE:** By submitting the Business Application, the above named applicant hereby declares that all the above information is correct and that they will comply with the Town of Bauline's Municipal Plan and Development Regulations 2007-2017.

Please Print Name

Signature of Applicant