

BUSINESS START UP, CLOSURE & CHANGE OF OWNERSHIP POLICIES

In an effort to control business development, start-up, ownership changes and business closures the Town of St. Anthony wishes to apply the following policy for control purposes.

1. Any person, group or company that wishes to open a new business or purchase an existing business shall complete a business application prior to any business development. **(See Business Permit Application)**
2. Any person, group or company that closes a business shall complete a closure form to the Town detailing the **Trade / Legal** name and date of business closure. **(See Business Closure Form)**
3. Any person, group or company that request change of ownership shall complete a Change of Ownership Form. **(See Business Change of Ownership Form)**

Please complete all applicable forms and return to Town Office

The Town of St. Anthony adopted the Business Start-Up Policy on July 14, 2008.

Moved by: Councillor Arthur Kinsella **Second by:** Deputy Mayor Douglas Mills

Boyd Noel
Mayor's Signature

BUSINESS PERMIT APPLICATION

BUSINESS PROPERTY INFORMATION

Owner of Building:	
Street Address:	Town Zoning:
Previous Tenant (if applicable)	
Application type: Commercial _____	Home Based _____
Number of Parking Spaces: _____	

Note: Any development/construction a development permit must be completed and approved by council and government services prior to starting construction.

BUSINESS INFORMATION

Legal Entity Name of Business:	
Trade Name of Business:	
Mailing Address of Business:	
Telephone Number:	Fax Number:
Proposed Date of Occupancy/Start -up:	
Contact Person/Tel/Email:	

Note: Details on type of business and what products or services will be sold or offered:

BUSINESS OWNER INFORMATION

Name of Principal Owner/s of Business (Please Print): _____

Signature of Principal Owner/s of Business: _____

I hereby submit this application and confirm that the information supplied is correct. I agree to comply with all Town regulations and by-laws, also I acknowledge that I reviewed this application and agree to provide additional information as requested.

OFFICE USE ONLY

Council Approval
Council Rejection
Permit Number
Date Issued

BUSINESS CLOSURE FORM

ACCOUNT # _____

Date _____

To **Town Clerk**
Town of St. Anthony
PO Box 430
St. Anthony NL A0K 4S0

This is to inform the Town of St. Anthony that the _____
Name of Business

located at (address) _____ is no longer in operation and therefore, I request to close the account.

Signature/s _____
Property Owner

Property Owner

Witness

BUSINESS CHANGE OF OWNERSHIP

DATE _____

TO: TOWN CLERK
TOWN OF ST. ANTHONY
87-95 WEST STREET
ST. ANTHONY NL A0K 4S0

This is to certify that I, _____ () **Sold** / () **Bought** / () **Own**

Name of Business: _____ property roll #: _____

Location: _____
Street Name & Address

Date of transfer: _____ 20 _____

Signature of Original Property Owner

Signature of New Property Owner

Witness