

Town of Gambo
P.O. Box 250
Gambo, NL A0G 1T0
Tel: 709-674-4476
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**Application to Operate a Business
From an Existing Building**

Name of Applicant: _____

Address of Applicant: _____

Telephone Number: _____

Type of Business: _____

Location of Business: _____

Own or Lease Building: _____

I _____, hereby apply for permission to operate the above noted business. I declare that all of the information given above to be true and correct to the best of my knowledge and belief and that all Municipal Regulations will be adhered to.

Signature: _____ Date: _____

For Office Use Only:

Approvals if Required:

Date Received:

Fire Commissioner's Office _____

Dept. of Employment & Labour _____

Dept. of Health _____

Dept. of Environment & Lands _____

Zoning _____

Permitted Use _____

Discretionary Use _____

Advertising Required _____

Zone Change Required _____

Non-Conforming Use _____

Permit Approved/Rejected: _____ Permit # _____

Comments: _____
