

Town of Gambo
P.O. Box 250
Gambo, NL A0G 1T0
Tel: 709-674-4476
Fax: 709-674-5399



Application to Operate a Business

Name of Applicant: _____

Address of Applicant: _____

Telephone Number: _____

Type of Business: _____

Location of Business: _____

I _____, hereby apply for permission to operate the above noted business. I declare that all of the information given by me in connection with this application to be true and correct to the best of my belief.

Signature: _____ Date: _____

For Office Use Only:

Permit Approved/Rejected: _____ Permit # _____

Comments: _____
