

SEQ CHAPTER \h \r 1 **TOWN OF EASTPORT**
Business Tax Exemption Request Form

Name of Owner: _____

Name of Applicant (*where not the owner*) _____

Civic Address: _____

Mailing Address: _____

Phone Number: _____

Fax

Number: _____

Year for which application is being made: _____

Reason for Application: (*Please indicate in the appropriate section below*)

Please use separate sheet or reverse of this page if additional space is needed

Do you anticipate that this business will re-open at some future date?

If yes, please indicate when you expect to re-open.

I _____ of _____
make oath and say that all matters contained in this application are correct
and true to the best of my knowledge, information and belief.

Signature of Applicant

Sworn at _____ in the province of
Newfoundland and Labrador this _____ day of
_____, 20____

(Person before whom oath is taken)