



Application

Town of Gambo
P.O Box 250
Gambo, NL
A0G 1T0

Tel: 709-674-4476 Fax: 709-674-5399
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Type of Permit:

- ☐ Operation of a new business
- ☐ New ownership of an existing business
- ☐ Operation of a home-based business
- ☐ Operation of domestic sawmill

Name of Applicant: _____
Address of Applicant: _____
Telephone Number: _____

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

Signature of Applicant: _____ Date: _____

***If construction is required, please obtain and attach a building application.**

For Office Use Only

Additional Approvals if Required:

Approvals Received:

Fire Commissioners Office	_____	_____
Advanced Education, Skills and Labour	_____	_____
Health and Community Services	_____	_____
Fisheries & Land Resources	_____	_____

Zoning _____
Permitted Use _____
Discretionary Use _____
Advertising Required _____
Zone Change Required _____
Non-Conforming Use _____

Permit Approved/Rejected: _____ Permit #: _____

Comments:

