



## Application for Business Tax Adjustment – COVID-19

Legal Name of Business: \_\_\_\_\_

Operating Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**To qualify for the City of Corner Brook's COVID-19 Business Tax Adjustment, I certify that:**

	YES	NO
I am the owner or authorized representative of the above listed business.		
The above listed business has had a significant negative impact on its operations as a result of COVID-19		
The above listed business was required to be closed by the Provincial Chief Medical Officer from _____ (actual closing date) to _____ (actual or expected re-opening date); OR		
The above listed business was voluntarily closed as a result of COVID-19 from _____ (actual closing date) to _____ (actual or expected re-opening date); OR		
The above listed business was able to continue operations in a modified manner for the period _____ (date of first modification) to _____ (actual or expected date of operations returning to normal). During this period, the businesses revenues decreased by approximately ____%.		

Please note that the maximum amount of business tax adjustment approved will be up \$500 per month for two months based 1/12<sup>th</sup> of the actual business tax billed for 2020.

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**For Office Use Only**

Roll # \_\_\_\_\_

Customer ID # \_\_\_\_\_

Business Class # \_\_\_\_\_