




**A**SSISTANCE to  
**W**OMEN  
**E**NTREPRENEURS of  
**S**MALL  
**O**R  
**M**EDIUM  
**E**NTERPRISES  
Program



Application Form


Note: Please refer to the AWESOME Program Guidelines

## Applicant Information

 Legal Name of Business (as registered with the City):

 Operating Name of Business:


 Address of Business:

 Name of all Business owner/s:

 Mailing Address of Applicant:


 Telephone: \_\_\_\_\_


 Email: \_\_\_\_\_

 Is the Applicant an Owner of the Business?      Yes       No


*(The applicant must be sole or part owner)*

 Is Business Owner/s also the Property Owner/s?      Yes       No

 If No, name and contact information on Property owner:


 When (Month and Year) did the business start operation?

- Month:
  
- Year:

 Briefly narrate the type of business (product or services, etc.)


 What is the ownership type? (select one)


- Sole proprietorship
  
- Partnership
  
- Shareholding (incorporated)

 **Women Owners of the Business:**

<u>Name</u>	<u>Mailing Address</u>	<u>Phone</u>	<u>Share of Ownership (%)</u>
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	<b>Total:</b>	<b>(%)</b>
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 How many full-time employees (including working owners):  
(Planned for new businesses and actual for existing businesses)

 Annual Sales: CA\$  
(Expected sales for new businesses and previous year sales for existing businesses)

*Information only for Statistical purpose:*

*Has the ownership pattern of the Business changed in the last 5 years? If so, details.*

## **For Existing Businesses Only**

Please attach the following:

- 1. Copy of the last Business Tax Bill issued by the City**
- 2. Proof of last payment of Business Tax**

# Letter of Application

I/We are the owners(s) of the business (business name)

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Located at (street address)

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Would like to apply for AWESOME program for my/our business. I/We have read, understood and agree to comply with all provisions of the program Guidelines and understand that the City of Corner Brook has the exclusive rights to approve or reject any application.

I/We certify that all taxes and other amounts owing to the City of Corner Brook in respect of the business and property (if owned) are fully paid and not in arrears. Further, there are no unresolved disputes or legal proceedings pending with the City of Corner Brook in relation to the above and any other business/property owned by me/us in Corner Brook.

I/We understand that Business Taxes already billed and due must be paid and there is no retroactive waiver.

- I am the sole owner of this business
- I am a part owner of this business and have the approval of other owners to apply for this program

I/We certify that all the information provided here are true to my/our knowledge and belief.

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Date

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Signature of Applicant

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Name

PLEASE SUBMIT APPLICATIONS WITH ALL INFORMATION TO:

City of Corner Brook  
5 Park Street, PO Box: 1080  
Corner Brook, NL A2H 6E1  
Tel. 709-637-1551  
Email: [mwalsh@cornerbrook.com](mailto:mwalsh@cornerbrook.com)

**Email Submission is preferred.**

## Notes