



# 2024

**F**açade

**A**ppeal

**C**omprehensive

**E**nhancement

*Program*

Application for

**BLADE SIGNS**



Note: Please refer to the Guidelines

## Applicant Information

Name of Business:

Address of Business:

Business Owner:

Mailing Address of Applicant:

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

Fax: \_\_\_\_\_

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

Is Business Owner the Applicant?    Yes    No

If No, details of Applicant:

Is Business Owner is also the Property Owner?    Yes    No

If No, name and contact Information on Property owner:

## Description of the Blade Sign Proposed

### Display Name

**Provide a picture of the store front and indicate the proposed location of the Blade Sign.**

## Letter of Application

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

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Located at (street address with postal code)

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I/We would like to apply for FACE program incentive for **BLADE SIGNS** for my/our business. I/We have read all provisions of the Blade Sign Guidelines and understand that the City of Corner Brook has the exclusive rights to approve or reject any application.

I/We understand that the Blade Sign must be installed before December 31, 2024, and is subject to inspection by the City of Corner Brook.

I/We certify that all taxes and other amounts owing to the City of Corner Brook in respect of the above 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 or any other business/property owned by me/us in Corner Brook.

All information provided in the application is true to my/our knowledge and belief.

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Date

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Signature of Owner(s)

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Name (s)

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Name of Corporation (if applicable)

PLEASE SUBMIT APPLICATIONS WITH ALL INFORMATION TO:

Business Division  
City of Corner Brook  
5 Park Street, PO Box: 1080  
Corner Brook, NL A2H 6E1  
Tel. 709-637-1551    Fax. 709-637-1627    Email. [business@cornerbrook.com](mailto:business@cornerbrook.com)

***Email Submission preferred.***

## Notes