**Town of Happy Valley-Goose Bay**

**P.O. Box 40 Station B • Happy Valley-Goose Bay, NL • A0P 1E0**

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## 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 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 ____%. (provide documentation to support this) | | |
| The above listed business qualifies for federal assistance under COVID-19 Economic Response Plan. | | |

Please note that the maximum amount of business tax adjustment approved will be up to $500 per month for up to three months based 1/12$^{th}$ of the actual business tax billed for 2020.

Signature of Applicant:_____        Date of Application: _____

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