

Application
**Small Business and Market
 Development Program**



**GOVERNMENT OF
 NEWFOUNDLAND
 AND LABRADOR**

Department of Innovation, Trade
 and Rural Development

File No.

Instructions:

- Submit a completed original application to the Department of Innovation, Trade and Rural Development (DITRD) office in your area. Retain a copy for your own records.
- If the information provided is not sufficient to complete their assessment, additional information may be requested by your DITRD representative.
- Shaded areas are for office use only.

Identification of the Applicant			
1. Legal name of applicant and operating name, if different		Mailing Address	
Name and title of person to whom inquiries may be directed			
Business telephone		Location of Project or Activity	
Residence telephone			
Facsimile			
2. Form of Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> To be incorporated <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other		3. Type of Operation <input type="checkbox"/> Manufacturing or Processing <input type="checkbox"/> Tourism <input type="checkbox"/> Services <input type="checkbox"/> Resource Sector (Specify): _____ <input type="checkbox"/> Other. Please specify	
4. Principal Owners and Management of Business			
Name	% Ownership	Title	Management Function (if applicable)
5. Name of Parent Company (if applicable):			