



## Business Incentive Application Form

### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Province* *Postal Code*

Home Phone: (    ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Business Name: \_\_\_\_\_

### Business Information

**Please select all industries that apply to your business:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Renewable Energy | <input type="checkbox"/> Oil and Gas        | <input type="checkbox"/> Agriculture           |
| <input type="checkbox"/> Manufacturing    | <input type="checkbox"/> Mineral Processing | <input type="checkbox"/> Commercial (downtown) |

**Along with your application form please provide:**

- A letter describing your project and your request
- Proof of Land ownership
- A Business plan
- A copy of your Business license
- A copy of your Development Permit ( If already applied)
- A copy of your Building Permit ( If already applied)
- Any other information pertinent to your project

**How many new full time jobs will be created** (Please note that successful applicants will be required to provide proof of full time employment throughout the term of the incentive.)

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 0-10  | <input type="checkbox"/> 31-50 |
| <input type="checkbox"/> 11-30 | <input type="checkbox"/> 51+   |

**Does your Business currently receive funding from the City of North Battleford**

- Yes  No

If yes please attach  
funding agreement

Authorization:

I, \_\_\_\_\_ Herby certify that

- I am the registered owner of said property and business  
 I am authorized to act on behalf of the registered owner

Registered Owner Name: \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

I understand that this application is subject to approval by North Battleford City Council and I am aware that no benefits are available until such approval is secured and an agreement is executed.

\_\_\_\_\_

I understand that no benefit will be received, regardless of approval, if all terms of the agreement are not met \_\_\_\_\_

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*For Further Information please contact*

**Jennifer Niesink**

*Director of Economic Development  
City of North Battleford  
Office : 306-445-1718  
jniesink@cityofnb.ca*

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OFFICE USE ONLY

Application Received

Date: \_\_\_\_\_

By: \_\_\_\_\_

Application to Council on: \_\_\_\_\_