



Town of Happy Valley-Goose Bay
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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 1/12th of the actual business tax billed for 2020.

Signature of Applicant: _____ Date of Application: _____

For Internal Office Use Only

ParID # _____ Customer ID # _____

BT Rate: _____ 2020 Business Tax based on assessed value: _____ 1/12th: _____

of months: _____ x monthly rate (maximum \$500): _____ = Discount adjustment: _____

Date Credit entered: _____ Credit applied: Yes / No OR Refund issued: Yes / No

Processed by: _____