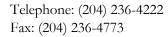
## **RURAL MUNICIPALITY OF MOUNTAIN**

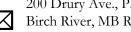


## **COMMERCIAL INCENTIVE PROGRAM APPLICATION FORM**

Business Operating Name:
Owner(s) Name (Please indicate the structure of the business):
Applicant's Legal Name:
Address:
Email:
Phone Number:
Business Start Date:
Business will occupy the following parcels of land within the Rural Municipality of Mountain:
(Please attach proof of ownership)
Description/Nature of Business: (Including what products or services you will be providing, your target market, projected sales, and attach any additional information to support your application such as market studies, business plans etc.)







## RURAL MUNICIPALITY OF MOUNTAIN

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,	hereby certify that the above
nformation is true and accurat	e to the best of my knowledge.
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ignature	

Please note that in order to be eligible for the incentive program the above-mentioned properties must be classed as 60T. If they are not already classed as such the RM of Mountain will use this document and your projected start date to inform the Manitoba Assessment Branch to reclassify the parcels as such to ensure your eligibility.



