



Business Closure Form

Should your business no longer be operating, please complete this form. Once completed, it can be faxed or mailed to our office.

Business Name:

Licence #:

Date of Closure:

By signing this document, I give the Business Licence Department authority to review my account. Should there be an outstanding balance, that balance will be discussed with the undersigned prior to inactivating the above-noted business.

Signature of Owner

Date

Was there a change of ownership?

YES NO

If yes, new owner's name:

Address:

Business Phone #:

Business Fax #:
