



BUSINESS CLOSURE FORM

Section 1: Business Information

**BUSINESS
NAME:**

**OWNER
NAME:**

SURNAME

FIRST NAME

MIDDLE NAME

MAILING ADDRESS:

TOWN:

PROVINCE:

POSTAL CODE:

EMAIL:

PHONE/CELL:

DATE OF CLOSURE:

Section 2: Reason For Business Closure

- Ceased all business activity – no longer conduct any business activity
- Sold business if yes, new owner _____
- Closed location – business no longer in Bonavista
property transferred yes no
if yes, new owner _____
- Other (please specify) _____

I hereby certify that I am NOT doing business at the above location address. To the best of my knowledge and belief, the provided information is true and correct.

APPLICANTS SIGNATURE

DATE