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Business Closure Form

Business Name: _____

Business Address: _____

Date of Closure: _____

Statement

I, _____, affirm that the above referenced business no longer operates
(Print Name)

in the Town of Portugal Cove-St. Philip's. Furthermore, I affirm that the business will not resume
business activity without further approval from the Town of Portugal Cove-St. Philip's.

Signature

Date