



**BUSINESS CLOSURE REQUEST FORM**

<b>CONTACT INFORMATION</b>	
Property Owner:	
Property Address:	
Mailing Address:	
Municipal Account #:	
Phone:	
Email:	
<b>BUSINESS INFORMATION</b>	
Business Name:	
Business Address:	
Date of Closure:	
Reason for Closure:	
<b>STATEMENT</b>	
I, _____, affirm that the above referenced business no longer operates 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
<b>FOR OFFICE USE ONLY</b>	
Business PAR ID:	
Balance Owing:	
Comments:	