



**CITY OF TIMMINS**  
**Business License Closure**  
**Form**

Email: [licensing@timmins.ca](mailto:licensing@timmins.ca)



The Licensing Department would like confirmation that your business is closing and that a business license is no longer required.

Please complete the following.

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Business Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward the completed form to Service Timmins to avoid penalties and enforcement.