



**CITY OF TIMMINS**  
**Business Mailing Address Change**  
**Form**

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



The Licensing Department would like confirmation that your business **MAILING** address has changed.

Please complete the following.

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

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

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

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

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

**Updated Business Address:** \_\_\_\_\_

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

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

Please forward the completed form to [licensing@timmins.ca](mailto:licensing@timmins.ca).