



CITY OF TIMMINS Business License Closure Form



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 the Licensing Officer to avoid penalties and enforcement.

Email: licensing@timmins.ca