



BUSINESS CLOSURE FORM

ACCOUNT # _____

Date _____

**To Town Clerk
Town of St. Anthony
PO Box 430
St. Anthony NL A0K 4S0**

This is to inform the Town of St. Anthony that the _____
Name of Business

located at (address) _____ is no longer in operation and therefore, I request to close the account.

Signature/s _____

Property Owner

Property Owner

Witness