



APPLICATION FOR CLOSURE OF BUSINESS

ENTERPRISE INFORMATION

A) Trade/ Registered Name of **ENTERPRISE**

B) Enterprise type: **Individual:** **Incorporated Company:** **Partnership:** **Trust:** **Government:**
Non-profit: **Joint Venture:** **Estate of Deceased:**

C) Enterprise License #

D) Enterprise Activity: _____

E) Enterprise license date:

F) Enterprise phone no: () _____ - _____

G) E-mail address:

H) Business Location

ENTERPRISE OWNERSHIP INFORMATION

I) Name of **OWNER**

J) Mailing Address

K) Physical Address

L) Email Address

M) Telephone #

CLOSURE INFORMATION

O) Type of Closure: **Temporary Closure** **Permanent Closure**

P) Date of Closure:

Q) Potential Reopening Date:

R) Reason for Closure: **Economic Downturn:** **Business was Unsustainable:** **Natural Disaster/Pandemic:**
Health Reasons: **New Ownership:** **Business Operations Never Began:** **Death:**
Other: If other, please state reason(s) _____

I hereby declare that the particulars stated in this application are true and correct

Signature

Date of Application

OFFICIAL USE ONLY

Account Verification Checklist

Select if Applicant is in Good Standing

I certify that the applicant is not in arrears with respect to any taxes, fees, licenses or other charges

Select if Applicant is in arrears

I certify that the applicant is in arrears with respect to the following:

- | | |
|---|-----------------|
| <input type="checkbox"/> Property Tax | \$ _____ |
| <input type="checkbox"/> Business License Fee | \$ _____ |
| <input type="checkbox"/> Water Rates | \$ _____ |
| <input type="checkbox"/> Leases | \$ _____ |
| <input type="checkbox"/> Accommodation Tax | \$ _____ |
| <input type="checkbox"/> Company Filing Fees | \$ _____ |
| <input type="checkbox"/> Tourism Marketing Levy | \$ _____ |
| <input type="checkbox"/> Interim Stabilisation Levy | \$ _____ |
| <input type="checkbox"/> Dishonoured Cheques | \$ _____ |
| <input type="checkbox"/> Other (Specify) | \$ _____ |
| TOTAL ARREARS | \$ _____ |

Action Taken

Site Visit **Date of Site Visit:**

D	D	M	M	Y	Y
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Payment Plan Agreement Entered

Date Entered:

D	D	M	M	Y	Y
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Payment Plan Agreement #: _____

Arrears Collected In Full

Customer being recommended for audit

Enterprise Has Been Closed/Deregistered in System **Date Action Taken:**

D	D	M	M	Y	Y
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Received by (Print Name):

Officer Signature:

Date Received:

D	D	M	M	Y	Y
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Processed and Verified By (Officer Name):

Processing Officer Signature:

D	D	M	M	Y	Y
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Date Verified

Application Status

Application accepted **Application denied**

Closure Approved by (management name, in case of arrears):

Signature:

D	D	M	M	Y	Y
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Date Approved