

**TOWN OF ST. ANTHONY
BUSINESS CLOSURE FORM**

**TO: TOWN CLERK
TOWN OF ST. ANTHONY
87-95 WEST STREET
ST. ANTHONY NL A0K 4S0**

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 _____ is no longer in operation and therefore, request to
Street Name & Address

close the account.

Signatures _____
Property Owner

Property Owner