

Signature

APPLICATION FOR CLOSURE OF BUSINESS

ENTERPRISE INFORMATIO	N																					
A) Trade/ Registered																						
Name of ENTERPRISE																						
B) Enterprise type:	Sole		-		-			-		d Co	-	-				-						
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C) Enterprise License #:			D) Enterprise Activity:																			
E) Enterprise license date:	D		D	M	V	\	/	Υ		F) En	terp	rise	phor	ne n	o: () _					
G) E-mail address:																					T	1
H) Business Location:																						
I) Number of Persons Emp	love	d:																				
ENTERPRISE OWNERSHIP I																						
	INFO	NIVIA	1110	IV																		
J) Name of OWNER																						
																		1				
K) Mailing Address																						
																		<u> </u>				
L) Physical Address																						
M) Email Address																						
NI) Tolonbono #																						
N) Telephone #																						
CLOSURE INFORMATION																						
O) Type of Closure: Tempo	-						ent C	Closu	re 🗆	□ P)	Will	lem	oloye	ees	oe af	fect	ed?`	Yes	□N	o 🗆		
Q) Date of Closure:	D	$ \cdot $	N	1	Υ	Υ		R) Po	oten	tial R	leop	enin	ıg Da	ite:	[D	M	Λ	/	Υ	Υ
S) Reason for Closure: Eco	onon	nic D) Owr	nturi	n: 🗆	Bu	ısine	ss w	as U	Jnsus	tair	nable	e: 🗆	Na	tura	Dis	aste	r/Pa	nde	mic:		
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Date of Application

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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: □ Property Tax ☐Business License Fee ☐Water Rates □Leases ☐ Accommodation Tax ☐Company Filing Fees \$_____ ☐Tourism Marketing Levy ☐Interim Stabilisation Levy □ Dishonoured Cheques □Other (Specify) **TOTAL ARREARS Action Taken** ☐ Site Visit **Date of Site Visit:** ☐ Payment Plan Agreement Entered Into Date Entered Into: Payment Plan Agreement #:_____ ☐ Arrears Collected In Full ☐ Customer Being Recommended for Audit ☐ Enterprise Has Been Closed/Deregistered in System **Date Action Taken**: Processing Officer Name: **Processing Officer Signature:** Closure Verification Prepared By (officer name): Signature: Date Verified **Application Status** ☐ Application Accepted ☐ Application Denied Closure Approved by (management name): Signature:

Date Approved