Date of Application

Government Department/Agency Name

City, Province

Dear Sir/Madam:

I am (Name of Applicant) , (position of applicant) of (Business Name) which I registered at (place of registration) on (date of registration).

I am applying for termination of the business name effective (date of proposed closure) due to the following reasons:

1. ;
2. ; and
3. .

I have been compliant with your regulations since the inception of my business.

Sincerely,

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