



CITY OF TIMMINS
Business Name Change
Form

Email: licensing@timmins.ca



The Licensing Department would like confirmation that your operating business Name has changed.

Please complete the following.

Business Owner's Name: _____

Original Business Name: _____

Business Address: _____

Telephone number: _____

Email: _____

Updated Business Name: _____

Business Owner Signature: _____

Date: _____

Please forward the completed form to licensing@timmins.ca ,
and include a certificate of insurance with new operating name.