|  |  |
| --- | --- |
| Date Issued | **{formDateIssued}** |
| Valid Until | **{expirationDate}** |
| CTC No | **{CTCNo}** |
| CTC Date | **{dateIssued}** |
| Place Issued | **{placeIssued}** |
| OR No | **{ORNo}** |
| Prepared By | **ADMINISTRATOR** |
| FormNo | **{formNumber}** |



Signature of Applicant

Right Thumb Mark

Left Thumb Mark

TO WHOM IT MAY CONCERN:

This is to certify that  **{businessName}** located at  **{businessLocation}** owned and operated by  **{name}** has been closed since  **{dateClosed}** .

This certification is issued upon the request of the above-named person for whatever legal intents and purposes it is deemed necessary.

**CLOSED BUSINESS CERTIFICATION**