

# Letter of Intent to Transfer Business

**Niagara Region**  
Business Licensing  
5853 Peer Street, Second Floor  
Niagara Falls, Ontario  
L2G 1X4

905-980-6000 ext. 6380  
niagararegion.ca/business

**Please complete and return this form in person.**

This letter of intent form must be accompanied by the **Application of Business Licence form**, completed by the Purchaser.

## Purchaser Information

Purchaser's full name:

Proposed operating name of business:

Purchaser's phone number:

Purchaser's email:

## Vendor Information

Vendor's full name:

Operating name of business:

Type of licence issued to operating business:

Vendor's phone number:

Vendor's email:

Purchaser's Signature:

Date (mm/dd/yyyy):

Vendor's Signature:

Date (mm/dd/yyyy):

### For office use only

Completed by (file no.):