

TEMPORARY CHANGE OF OPERATING HOURS

Business Name: _____

Address: _____

Business Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Regular Operating Business Hours: _____

Days of the Week: _____

Are any staff permitted on the property after closing: _____

If so, please list names and company title(s)

PLEASE EMAIL ALL COMPLETED FORMS BACK TO: sandra@emeryvillagebia.ca

Please check the box that best applies to your changes

Change of hours of operation

Temporarily Closed due to COVID-19 Coronavirus

From: _____

From: _____

To: _____

To: _____

Effective: _____

Effective: _____

Additional Comments:

PLEASE EMAIL ALL COMPLETED FORMS BACK TO: sandra@emeryvillagebia.ca