



DRAYTON VALLEY

## Business Licence Cancellation Form

CUST# \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ LICENCE# \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF CLOSURE \_\_\_\_\_

COMMENTS \_\_\_\_\_

### DECLARATION

I declare that I am authorized to act in relation to the stated licence and that the information supplied in this document is true and correct and any misleading statements are subject to the penalties as per the Business Licence Bylaw.

\_\_\_\_\_  
NAMES (please print)                      SIGNATURE                      DATE

FOR OFFICE USE ONLY		
_____ RECEIVED BY (please print)	_____ PROCESSED BY (please print)	_____ DATE