



<b>Office Use Only</b>	
A/R No.:	
Date Received:	
Processed By:	Signature:

## BUSINESS LICENSE CANCELLATION

Cancellation Information	Legal Business Name:			
	Operating Business Name:			
	Physical Business Address:	Street:	Town/City:	
		Province:	Postal Code:	
	Phone No.:	Email:		
	License No.:	Date of Closure:		
	Reason for Cancellation:			
	<p><b>DECLARATION</b></p> <p>I declare that I am authorized to act in relation to the stated license 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 License Bylaw.</p> <p>By checking the "I agree" box, you agree and authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten Signature.    <input type="checkbox"/> I Agree</p>			
Name (please print)		Signature		Date

Submit electronically by emailing [plandev@draytonvalley.ca](mailto:plandev@draytonvalley.ca) or in person at the Town of Drayton Valley Civic Centre located at the address noted at the bottom of this page.