

BUSINESS LICENSE CANCELLATION FORM



OFFICE USE ONLY	Revised November 2024
A/R No.:	
Date Received:	
Processed By:	

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:			
	DECLARATION 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. 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			
	_____		_____	
	Name (please print)		Signature	

		Date		

If your Business is no longer in operation, submit this form electronically by emailing plandev@draytonvalley.ca or in person at the Town of Drayton Valley Civic Centre, address noted at the bottom of this page.