BUSINESS LICENCE CANCELLATION REQUEST FORM

CUST# _____

BUSINESS NAME _____ LICENCE# _____

BUSINESS ADDRESS _____

PH # _____ FAX# _____ EMAIL _____

DATE OF CLOSURE _____

COMMENTS: _____

DECLARATION

I declare 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 penalty of the Business Licensing Ordinance.

NAME (*print please*)	**SIGNATURE**	**DATE**

FOR OFFICIAL USE ONLY

RECEIVED BY (*print please*)	**DATE**	**PROCESSED BY** (*print please*)	**DATE**

VERIFICATIONS:	**YES**	**NO**
NATIONAL INSURANCE	☐	☐
NATIONAL HEALTH INSURANCE BOARD	☐	☐
REVENUE DEPARTMENT	☐	☐

AMOUNT OUTSTANDING ON ACCOUNT

YEAR	**FEE**	**PENALTY**	**TOTAL**

VERFIED DATE OF CLOSURE: _____ **TOTAL OUTSTANDING** _____

COMMENTS _____

REVIEWED BY (*print please*)	**SIGNATURE**	**DATE**