



Business License Cancellation Request

Operating Business Name: _____

Registered Business Name: _____

License #: _____

Phone #: _____

Effective Date of Cancellation: _____

Reason for Cancellation:

Business no longer in Operation

Moved to New Location

Other: _____

Name of Person Requesting Cancellation:

Please Print

Signature

Relationship to Business (Owner, Manager, etc.)

Your name, phone number, address and postal code are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used in the administration of Town of Coaldale programs. If you have any questions about this collection, contact the FOIP Coordinator, Town of Coaldale, 1920-17th Street, T1M 1M1 or 403-345-1300.