



CANCELLATION OF BUSINESS LICENSE

I, _____ am cancelling my Business License with the Town of Vegreville.
(Name of Applicant Cancelling License)

Business Name: _____

Owner/Operator: _____

Address of Business: _____

Last Day of Operation: _____

Reason for Cancellation: _____

Business Phone: _____ **Email:** _____

Cell Phone: _____ **Fax:** _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT
AND MAY BE REMOVED FROM THE TOWN OF VEGREVILLE'S WEBSITE

Date: _____ **Signature:** _____

FOR OFFICE USE ONLY

Business License No. _____ Completed By: _____

Business Type: _____

Forwarded to Economic Development: YES NO Date: _____

Dale Lefebvre
Licensing Officer &
Director of Infrastructure, Planning & Development