



CANCELLATION OF BUSINESS LICENCE

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

Business Name: _____

Owner/Operator: _____

Address of Business: _____

Last Day of Operation: _____

Reason for Cancellation: _____

Business Phone: _____ **Cell Phone:** _____

Email: _____

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

Date: _____

Signature: _____

The personal information collected on this form is collected for the administrative purposes cancelling business licenses. The personal information is collected under the authority of Bylaw 05-2019 and the Protection of Privacy Act, Section 4(c) and may be used for statistical reporting. For questions about the collection of personal information, contact the Town of Vegreville Privacy Officer at privacyofficer@vegreville.com, 780-632-7951 or 4829-50 Street, Box 640, Vegreville, Alberta T9C 1R7.

FOR OFFICE USE ONLY

Business Licence #: _____

Completed By: _____

Business Type: _____

Forwarded to Economic Development: YES NO Date: _____

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