

Planning & Development Department 4829 50 Street, Lower Level Postal Drawer 640 VEGREVILLE, ALBERTA T9C 1R7

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## **CANCELLATION OF BUSINESS LICENCE**

I,(Name of Applicant Cancelling Licence)	am cancelling my Business Licence with the Town of Vegreville.
Business Name:	
Owner/Operator:	
Address of Business:	
Last Day of Operation:	
Reason for Cancellation:	
Business Phone:	Email:
Cell Phone:	Fax:
	E ABOVE INFORMATION IS TRUE AND CORRECT ED FROM THE TOWN OF VEGREVILLE'S WEBSITE
Date:	Signature:
	R OFFICE USE ONLY
Business Licence No	Completed By:
Business Type:	
Forwarded to Economic Development: YE	ES NO Date:
<del></del>	Dale Lefebvre

Licencing Officer & Director of Infrastructure, Planning & Development