



**MUNICIPALITY OF CROWSNEST PASS**  
**BUSINESS LICENSE CANCELLATION FORM**

<p>NOTE: By signing this form you understand, and agree, to cancel your business license, as per Business License Bylaw No. 842, 2012. Cancelling your license means you are required to obtain new permits and licenses as per current municipal bylaws.</p> <p style="text-align: center;">Business License fees must be up to date before the Municipality will remove your business from the Business License Register. As per Bylaw No. 842, 2012 fees already pay will not be refunded.</p>		
BUSINESS NAME		
PHYSICAL LOCATION OF BUSINESS		
POST OFFICE BOX	COMMUNITY	PROVINCE
POSTAL CODE	BUSINESS TELEPHONE	E-MAIL ADDRESS
BUSINESS LICENSE NO.		
DATE OF BUSINESS CLOSURE		
REASON FOR BUSINESS CLOSURE		
<i>Office Use Only</i>		
<i>Office Use Only</i> DATE RECEIVED	<i>Office Use Only</i> BUSINESS LICENSE INSPECTOR	