



## **Request to Cancel Business License**

Please fill in all areas that pertain to your business  
Email directly to [d-chet@gochetwynd.com](mailto:d-chet@gochetwynd.com) or deliver to the  
District of Chetwynd Centre at 5400 Hospital Road

### 1. REQUEST

Business has recently been closed                       Business has been moved out of District Limits

### 2. GENERAL INFORMATION

Business Name \_\_\_\_\_

Business Address (Location) \_\_\_\_\_

Business Mailing Address (if different than above) \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Business License Client Code (if known) \_\_\_\_\_

### 3. OWNER INFORMATION

Business Owner Name \_\_\_\_\_

Business Owner Address \_\_\_\_\_

Business Owner Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

### 4. DECLARATION

By submitting this form you are acknowledging that the information provided is true and accurate according to your knowledge, and the Business named in this request is under your control, and is no longer operating within the District of Chetwynd; therefore, no longer requires a Business License.

X  
\_\_\_\_\_  
Business Owner or Agent