

Cancellation Form (see over for Change Form)

Date: _____

EXISTING LICENSE INFORMATION:

Business Licence Number:

Business Name on Existing License:

Email Address:

Business Street Address on Existing License:

CANCEL BUSINESS LICENCE

Reason:

Effective Date: _____

Signature of Business Owner

Complete applications can be sent to businesslicence@squamish.ca or dropped off at Community Planning

Office Use Only

MAIS: _____ Adjustment to Finance: _____ Utilities Notified? _____