

Cancellation Form

Date: _____

EXISTING LICENCE INFORMATION:

Business Licence Number _____

Email Address _____

Trade Name _____

Trade Address on Licence _____

REASON FOR CANCELLATION:

Effective Date

Signature of Owner

Completed forms can be emailed to businesslicence@squamish.ca or dropped off at Community Planning

For Office Use Only

Tempest _____

Adjustment to Finance _____

Notify Utilities: _____