

Business Licence Cancellation

Business Information

Business Type _____

Operating Business Name _____
Same as Operating Name

Legal Business Name _____

Business Licence Certificate Number _____

Business Phone _____

Business Email _____

Address _____ City _____ Province _____ Postal Code _____

Forwarding Address, if applicable
 _____ City _____ Province _____ Postal Code _____

Effective Date of Business Licence Cancellation _____

Owner(s) Information

Business Owner(s) Name _____ Business Owner(s) Email _____

Business Owner(s) Phone _____

Business Owner(s) Address Same as Business Address _____ City _____ Province _____ Postal Code _____

Operating Information

Reason for Business Licence cancellation

Authorization

I hereby certify that The Business Licence attributed to this Company be cancelled as the Business no longer operates within Beaumont. Any Development Permits issued for this Business will also be cancelled. Should the Business become operational again, a new Business Licence Application must be submitted along with the appropriate Permit Applications and fees. I acknowledge I have read and understood the contents of this form. Initial _____

Applicant Name _____ Applicant Position _____

Applicant Signature _____ Date _____

#InvestinBeaumont

The personal information on this form is collected under the authority of Business Licensing Bylaw 1010-22 and will be used to administer the City of Beaumont Business Licence program. It will be treated in accordance with the privacy provision of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) to assess all matters relevant to your application for this licence. The City may request input from employees of other City of Beaumont departments, Alberta Health Services, Beaumont RCMP, Edmonton & Area Child and Family Services and/or Alberta Gaming Liquor Cannabis Commission in order to properly assess your application for this licence or to determine appropriate conditions, if any, for this licence. Therefore, the City considers your submitted application consent to disclose the personal or other information provided in your application to other City employees or to the other named entities as may be required for these purposes, pursuant to section 40(1)(d) of FOIP. If you have any questions regarding the collection, use or disclosure of your personal information please contact the City of Beaumont's FOIP Coordinator at (780) 929-8782.

For Office Use Only

Customer Number		Licence Cancellation Date	
GP Updated		SF Updated	