



## Business Licence Cancellation Request

**LICENCE NUMBER:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATE OF CLOSURE:** \_\_\_\_\_

**REASON FOR CANCELLATION:**

**Business no longer in operation**

**Moved to new location**  **New Address** \_\_\_\_\_

**New Owners**

**If NEW OWNER KNOWN:**

**Name and Contact information of NEW OWNER:**

\_\_\_\_\_

**NAME OF PERSON REQUESTING CANCELLATION:**

\_\_\_\_\_

(PRINT NAME)

\_\_\_\_\_

(Signature)

**WHAT IS YOUR RELATIONSHIP TO BUSINESS (owner, manager, other)?**

\_\_\_\_\_

**PLEASE E-MAIL TO:**

[businesslicenceapplications@edmonton.ca](mailto:businesslicenceapplications@edmonton.ca)

The personal information on this form is collected under the authority 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 Edmonton departments, Alberta Health Services, Edmonton Police Service, and/or Alberta Gaming and Liquor Commission in order to properly assess your application for this licence or to determine appropriate conditions, if any, for this licence. Therefore, the City requests your written 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 Service Advisor, Edmonton Service Centre, 2nd floor, 10111 - 104 Avenue NW, Edmonton, AB, T5J0J4, 780-442-5054.