



Box 100 | 7400 Prospect Street
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BUSINESS LICENCE CANCELLATION REQUEST

Effective Date: _____ **FILE #:** _____

CURRENT INFORMATION:

Legal Business Name: _____

(Please Print)

First Name: _____ Last Name: _____

Mailing Address: _____ Civic Address: _____

Email: _____ Phone: _____

DATE BUSINESS CLOSED:

Reason for Business Licence Cancellation (ie: moved/closed/no longer doing business in Pemberton):

Business Owners Name - Print

Business Owners Signature

Date

Personal information you provide on this form is collected pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of updating the business licence information. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to Corporate & Legislative Services (corporate@pemberton.ca or 604-894-6135).

For Office Use Only

Licensing Inspector

Approval: _____

Print Name

Date

Initials

Accounting:

Print Name

Date Updated

Initials

Communications

Website Listing Removed: _____

Print Name

Date Removed

Initials