



### BUSINESS LICENCE CANCELLATION REQUEST FORM

CUST# \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

LICENCE# \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PH # \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF CLOSURE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

#### DECLARATION

I declare I am authorized to act in relation to the stated licence and that the information supplied in this document is true and correct and any misleading statements are subject to penalty of the Business Licensing Ordinance.

\_\_\_\_\_  
NAME *(print please)*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

#### FOR OFFICIAL USE ONLY

\_\_\_\_\_  
RECEIVED BY *(print please)*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROCESSED BY *(print please)*

\_\_\_\_\_  
DATE

#### VERIFICATIONS:

NATIONAL INSURANCE

YES

NO

NATIONAL HEALTH INSURANCE BOARD

REVENUE DEPARTMENT

#### AMOUNT OUTSTANDING ON ACCOUNT

YEAR

FEE

PENALTY

TOTAL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIED DATE OF CLOSURE: \_\_\_\_\_

TOTAL OUTSTANDING \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_  
REVIEWED BY *(print please)*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE