

Cancellation No. _____

TOWN OF STETTLER

Box 280, Stettler, AB T0C 2L0

Phone: 403-742-8305

Fax: 403-742-1404

E-mail: townoffice@stettler.net

BUSINESS LICENSE CANCELLATION FORM

PLEASE COMPLETE AND FAX OR E-MAIL BACK IF YOUR COMPANY HAS CLOSED

NOTICE : IF YOUR BUSINESS IS IN OPERATION AT ALL DURING THE CURRENT YEAR, YOU ARE STILL REQUIRED TO PAY THE ANNUAL FEE.

CUSTOMER I.D # _____ LICENSE # _____

I HEREBY AGREE THAT BY SIGNING THIS DOCUMENT I WILL NO LONGER BE OPERATING MY BUSINESS WITHIN THE TOWN OF STETTLER LIMITS AND WILL NOT BE PERMITTED TO DO SO WITHOUT OBTAINING ANOTHER LICENSE FROM THE TOWN OF STETTLER OFFICE FIRST.

PLEASE REMOVE _____ FROM THE TOWN OF
Business Name

STETTLER'S BUSINESS LICENSE REGISTRY EFFECTIVE _____
Date Your Business Ended

DATE

SIGNATURE OF OWNER/MANAGER

PLEASE NOTE: IN THE EVENT THAT YOU RECOMMENCE BUSINESS, IT IS THE BUSINESS OWNER'S RESPONSIBILITY TO NOTIFY THE TOWN OF STETTLER AND PURCHASE A LICENSE TO AVOID A FINE OF \$400.00 PLUS THE BALANCE OWING PURSUANT TO BUSINESS LICENSE BYLAW 1809-09 & SUBSEQUENT AMENDMENT 2044-13.